

Case Number:	CM15-0183036		
Date Assigned:	09/23/2015	Date of Injury:	05/12/2015
Decision Date:	10/29/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 59 year old male who reported an industrial injury on 5-12-2015. His diagnoses, and or impressions, were noted to include: lumbar degenerative disc disease and facet arthropathy in the lower lumbar spine; and low back pain. Recent x-ray studies of the pelvis, right hip (unremarkable), and lumbar spine, with some abnormal findings, were done on 5-12-2015; no imaging studies were noted. No imaging studies were noted. His treatments were noted to include: therapy; hot-cold packs; medication management, and rest from work before a return to modified work duties, though noted to not be working. The progress notes of 7-28-2015 reported constant lower back pain, rated 4-5 out of 10, that radiated to both legs and was associated with weakness, numbness and tingling, and was aggravated by stress, sleep, exercise, movements and activities; intermittent weakness, numbness and tingling in both legs, with pain that was aggravated by stress, exercise, movements, activities, and sleep, and temporarily relieved by medications and rest; difficulty with sleeping; and bouts of depression, stress, anxiety, sadness, frustration, desperation, anguish, anger and uselessness due to the inability to do his activities of daily living. The objective findings were noted to include: difficulty recalling much of the details; that he had a history of disabling conditions but could perform his activities of daily living with difficulty; tenderness and spasms in the para-spinal muscles with reduced sensation in the bilateral cervical 6-7 dermatomal distribution, and restricted range-of-motion; tenderness and spasm in the lumbar para-spinal muscles; reduced sensation in the lumbar 5 dermatomal distribution and restricted range-of-motion; positive bilateral straight leg raise; and tenderness over the bilateral sacroiliac joints and bilateral greater trochanters. The physician's

request for treatments was noted to include Ketoprofen ER 200 mg, 1 capsule per day as needed. The Request for Authorization, dated 7-28-2015, was noted to include Ketoprofen ER 200 mg capsule, take capsule(s) by mouth daily as needed. The Utilization Review of 8-28-2015 non-certified the request for Ketoprofen ER 200 mg.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ketoprofen ER 200mg daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore, the request is medically necessary.