

<b>Case Number:</b>	CM15-0190596		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	02/18/2010
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

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

The applicant is a represented Los Angeles Unified School District (LAUSD) employee who has filed a claim for chronic low back, shoulder, and neck pain reportedly associated with an industrial injury of February 18, 2010. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve a request for oral ketoprofen. The claims administrator referenced an August 25, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said August 25, 2015 office visit, the applicant reported ongoing complaints of shoulder pain. Significantly limited shoulder pain was reported. The applicant was placed off of work, on total temporary disability. The applicant reported ongoing complaints of shoulder pain. Portions of the progress note appeared to have been truncated and/or shrunken as a result of the claims administrator's reproduction and/or transmission of the same. The claimant's complete medications were not seemingly furnished on that portion of the progress note which was seemingly transmitted. On July 26, 2015, the applicant reported ongoing complaints of consistent low back pain. The applicant was placed off of work, on total temporary disability, while 12 sessions of physical therapy, Soma, Naprosyn, and Prilosec were renewed and/or continued. Little to no seeming discussion of medication efficacy transpired. There was no mention of oral ketoprofen being employed on this date. On April 27, 2015, the applicant was given a shoulder corticosteroid injection. On April 28, 2015, the applicant reported ongoing complaints of low back, neck, and shoulder pain. Oral ketoprofen and Prilosec were seemingly endorsed while Naprosyn and Soma were seemingly discontinued.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen ER 200mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

**Decision rationale:** No, the request for oral ketoprofen, an anti-inflammatory medication, is not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as the oral ketoprofen at issue do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations and by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "other medications" into his choice of pharmacotherapy. Here, however, the August 25, 2015 office visit at issue was seemingly truncated as a result of repetitive photocopying and faxing. Those portions of the progress note transmitted by the claims administrator made no seeming mention of medication selection or medication efficacy. The fact that the applicant remained off of work, on total temporary disability, as of the historical note dated July 28, 2015, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of ketoprofen, which was seemingly introduced for the first time on April 20, 2015. The documentation on file, furthermore, failed to reconcile the attending provider's decision to introduce oral ketoprofen on April 20, 2015, discontinue Naprosyn on the same date, reintroduce Naprosyn on July 28, 2015, and apparently resume oral ketoprofen on August 25, 2015. The attending provider did not clearly state why he intended for the applicant to employ two NSAIDs, oral ketoprofen or oral Naprosyn, simultaneously. Therefore, the request is not medically necessary.