

<b>Case Number:</b>	CM15-0032889		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	11/03/2010
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 53-year-old male who reported injury on 11/03/2010. The mechanism of injury was not provided. The injured worker's medications included topical NSAIDs and oral NSAIDs, including flurbiprofen 120 grams and ketoprofen 120 grams, naproxen sodium 550 mg 2 times a day, tramadol 37.5 mg 1 at bedtime, and Prilosec 20 mg 1 daily. The diagnostic studies included an MRI of the lumbar spine, and an EMG and nerve conduction study of the lower extremities on 04/08/2011. Prior therapies included physical therapy and 2 epidural steroid injections. The injured worker was noted to be utilizing the medications since at least 09/17/2014. The documentation of 12/02/2014 revealed the injured worker had continued to utilize symptomatic medications as directed. The injured worker had attended physical therapy with temporary benefit. The physical examination of the lumbar spine revealed tenderness to palpation over the paraspinous region with spasms. The injured worker had referred pain to the left buttock and left lower extremity. Range of motion was decreased. The injured worker had a positive straight leg raise on the left at 40 degrees and on the right at 50 degrees in the sitting and supine positions. The injured worker had decreased sensation in the left S1 dermatomes. The diagnoses included L4-5 and L5-S1 disc herniations, mechanical axial back pain, lumbar spine, and left S1 radiculopathy. The treatment plan included a referral for a spine surgeon for possible surgery, a pain management specialist for possible additional epidural steroid injections, and the request for the use of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 120mg #1, refills 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDS for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized NSAIDS since at least 09/2014. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Additionally, the medication was noted to be a topical and was noted to be in grams, not milligrams. This was not a basis for denial. There was a lack of documentation indicating a necessity for refills x3 without re-evaluation. The request as submitted failed to indicate the frequency and the body part to be treated, if for topical use. There was a lack of documentation indicating a necessity for both a topical and oral form of an NSAID. Given the above, the request for Ketoprofen 120mg #1, refills 3 is not medically necessary.

**Flurbiprofen 120mg #1, refills 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDS for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized NSAIDS since at least 09/2014. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Additionally, the medication was noted to be a topical and was noted to be in grams, not milligrams. This was not a basis for denial. There was a lack of documentation indicating a necessity for refills x3 without re-evaluation. The request as submitted failed to indicate the frequency and the body part to be treated, if for topical use. There

was a lack of documentation indicating a necessity for both a topical and oral form of NSAIDS. Given the above, the request for Flurbiprofen 120mg #1, refills 3 is not medically necessary.