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| <b>Case Number:</b>   | CM14-0147292 |                              |            |
| <b>Date Assigned:</b> | 09/15/2014   | <b>Date of Injury:</b>       | 01/14/2010 |
| <b>Decision Date:</b> | 10/27/2014   | <b>UR Denial Date:</b>       | 08/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/10/2014 |

### 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. The expert reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 39 year woman with a date of injury of 1/14/10. She was seen by her physician on 8/1/14 with complaints of right arm pain, numbness and weakness and right leg pain with numbness/tingling. Her medications were said to be controlling some but not all pain symptoms. Her medications included hydrocodone, ketoprofen "decreases inflammation and thus pain", Orphenadrine and Omeprazole. Her exam showed limited lumbar extension, lateral rotation and lateral bending. She had tenderness to palpation over her lumbar area with 5/5 strength in the lower extremities. She was tender to palpation over the trapezius and rhomboids bilaterally. Her diagnoses were lumbar and cervical disc with radiculitis, neck, thoracic and low back pain and coccydynia. At issue in this review is the refill of ketoprofen which has been prescribed at least since 1/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 75mg 3 times daily as needed, USP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

**Decision rationale:** This 39 year old injured worker has pain with limitations in range of motion and tenderness to palpation noted on physical examination. Her medical course has included numerous diagnostic and treatment modalities and use of several medications including narcotics and NSAIDs. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any significant improvement in pain or functional status or a discussion of side effects to justify ongoing use. She is also receiving opioid analgesics and the medical necessity of Ketoprofen is not substantiated in the records. Therefore, this request is not medically necessary,