

<b>Case Number:</b>	CM15-0122663		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	03/13/2001
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: New York

Certification(s)/Specialty: Emergency 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 injured worker is a 58 year old male, who sustained an industrial injury on 03/13/2001. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having status post previous L4-5 laminectomy and discectomy, status post L4-S1 revision decompression, cervical sprain, moderate C6-7, T7-8, and T8-9 disc herniation, status post open repair of right shoulder rotator cuff tendon, and left shoulder rotator cuff tear. Treatment and diagnostics to date has included lumbar spine MRI which showed disc protrusion, stenosis, and surgical changes, lumbar spine surgeries, consistent urine drug screen, and medications. In a progress note dated 05/19/2015, the injured worker presented with complaints of low back pain. Objective findings include difficulty walking, restriction motion with pain, and muscle spasm present to the lumbar spine. According to the application, the treating physician reported requesting authorization for Orudis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orudis 75mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

**Decision rationale:** Orudis (Ketoprofen) is classified as a non-steroidal anti-inflammatory drug (NSAID). According to California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are "recommended for osteoarthritis 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". There is no evidence that the injured worker had received a trial of acetaminophen as the first-line treatment. In addition, there is no documentation of when or why Orudis was being prescribed. Therefore, based on the Guidelines and the submitted records, the request for Orudis is not medically necessary.