

<b>Case Number:</b>	CM15-0128550		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	04/25/2009
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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, Pain Management

### 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 sustained an industrial injury on 4/25/2009. Diagnoses include 2mm C5-6 disc bulge (status post 10/2010 right acromioclavicular joint debridement and rotator cuff repair) and aggravated L4-5 3mm disc bulge with spinal stenosis causing right L5 and S1 radicular pain. Treatment to date has included surgical intervention (acromioclavicular joint debridement and rotator cuff repair, 2010), as well as conservative measures consisting of diagnostics, physical therapy, functional capacity evaluation, injections, work restrictions and medications. Per the Primary Treating Physician's Progress Report dated 4/27/2015, the injured worker reported back pain and radiating right leg pain which has increased in the past two weeks. He also reported neck pain without radiation. Physical examination revealed cervical flexion 50 degrees caused neck pain, rotation to the left at 80 degrees caused trapezius pain and to the right 80 degrees. Extension 50 degrees is pain free. Straight leg raise on the left at 60 degrees causes back pain. Lumbar flexion 90 degrees caused left back pain; extension 30 degrees caused back pain and bilateral leg pain. Bilateral patellar and Achilles reflexes were 1. The plan of care included medications and physical therapy and authorization was requested for Orudis 50mg (DOS 4/27/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 4/27/15 Orudis 50mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-72.

**Decision rationale:** Regarding the request for Orudis (ketoprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, a progress note on 2/9/2015 indicated that the patient continues to have severe pain despite taking current medication regimen, which includes Orudis. There is no indication that Orudis is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Orudis is not medically necessary.