

Case Number:	CM13-0009072		
Date Assigned:	09/11/2013	Date of Injury:	08/24/2008
Decision Date:	01/16/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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:

This is a female patient with a date of injury of August 24, 2008. A utilization review determination dated August 2, 2013 recommends non-certification of ketoprofen cream and Capsaicin cream. A progress report dated September 5, 2013 identifies subjective complaints stating, "the patient returns today and she has finally been authorized/scheduled the cervical spine epidural injection on September 9, 2013." Objective examination findings identify, "there is ongoing paraspinal muscle tenderness. Range of motion continues to produce pain. She continues to have a negative straight leg raise, bilaterally, as well as diminished L4 - L5 sensation in the lower extremities. Tendon reflexes in the knees and ankles are normal. The cervical spine has no evidence of previous surgical intervention. There is paracervical trapezius muscle tenderness, as well as tenderness that extends into the interscapular region. Range of motion is diminished. Head compression testing is negative." Diagnosis includes cervical spine strain/sprain, and rule out cervical discopathy. Treatment plan recommends, "Follow-up treatment with [REDACTED], for possible epidural steroid injections for the cervical spine." A progress report dated July 25, 2013 includes treatment plan identifying that the patient is taking Celebrex, and that, "the patient will discontinue using the transdermals." A progress report dated May 30, 2013 identifies treatment plan stating, "transdermal medications were administered/prescribed to minimize pain, avoid side effects of some oral medication, and reduce or avoid the need for narcotic alternative therapies."

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen (NAP) cream.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Section Page(s): 111-112.

Decision rationale: Regarding the request for Ketoprofen Cream, guidelines state that topical NSAIDs are recommended for short-term use. Guidelines do not support the use of topical NSAID in the treatment of spinal complaints. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of Ketoprofen Cream. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred. Furthermore, there is no documentation that the topical NSAIDs are intended to be used for a short period of time, and it appears that the topical NSAIDs are being used to treat a spinal condition, which is not supported by guidelines. In light of the above issues, the currently requested Ketoprofen Cream is not medically necessary.

Capsaicin (NAP) cream.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Section Page(s): 112-113.

Decision rationale: Regarding request for capsaicin cream, guidelines state that it is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there's no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of capsaicin cream. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested capsaicin cream is not medically necessary.