

Case Number:	CM13-0017305		
Date Assigned:	10/11/2013	Date of Injury:	09/14/2010
Decision Date:	01/13/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/27/2013

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 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 male patient with a date of injury of September 14, 2010. A utilization review determination dated August 13, 2013 recommends, non-certification of ketoprofen powder compound 120 gm. A progress report dated August 12, 2013 identifies subjective complaints indicating cervical spine pain. The note goes on to state "the symptoms are relieved by muscle relaxants, NSAIDs, pain medications and recent treatments." The note identifies "NSAIDs used include meloxicam: marked improvement (greater than 50%)." Past medical history includes hypertension. Physical examination identifies tenderness around the right shoulder, right arm, suboccipital triangle on the right side, and trapezius on the left. There is positive axial compression, distraction, and quadrant position tests. Sensation is reduced in bilateral ulnar distribution in the hands. Assessment states "herniated disk without myelopathy." The note goes on to state "he was advised to take over-the-counter anti-inflammatories (NSAIDs). The note goes on to state "NSAID cream."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ketoprofen powder compound 120gm with one (1) refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-112, 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that with regards to topical NSAIDs, clinical trials for this treatment modality have been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment but either not afterward or with a diminishing effect over another two-week period. Guidelines go on to state that the indications include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment; recommended for short-term use. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Within the documentation available for review, it appears the topical NSAID is being prescribed for a cervical spine injury. Guidelines clearly recommend against using topical NSAIDs for spinal complaints. Additionally, there is no indication that the patient would be unable to tolerate oral NSAIDs, which have significantly more guideline support. In fact, the patient appears to be utilizing oral NSAIDs in conjunction with topical NSAIDs. The combined use of 2 medications within this class significantly increases the risk of side effects or complications. In the absence of clarity regarding the above issues, the currently requested ketoprofen compound is recommended for noncertification.