

Case Number:	CM13-0025915		
Date Assigned:	11/20/2013	Date of Injury:	02/15/2012
Decision Date:	01/22/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/18/2013

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 15, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; attorney representation; transfer of care to and from various providers in various specialties; and work restrictions. It does not appear that the applicant has returned to work with a rather proscriptive 5-pound lifting limitation in place. In a utilization review report of September 9, 2013, the claims administrator apparently denied a request for a topical ketoprofen-containing compound. The applicant's attorney later appealed. An earlier clinical progress note of July 23, 2013, is notable for comments that the applicant reports 8/10 pain. The applicant is Spanish-speaking. She lost some of her medications. She is on Norco, Prilosec, Senna, Butrans, Cymbalta, and topical ketoprofen-containing cream. Upper and lower extremity strength of 4/5 is noted. The applicant is issued numerous medication refills and asked to pursue medial branch blocks. A rather proscriptive 5-pound lifting limitation is endorsed. It is incidentally noted that the applicant herself states, on a questionnaire of July 23, 2013, that her current medications "have no benefit."

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical compound use formulation or topical application purposes. In this case, it is further noted that the applicant is using numerous first-line oral pharmaceuticals without any reported intolerance or impediment. It is further noted that the applicant herself states that topical compounded ketoprofen and other medications have generated no benefit or functional improvement as defined in MTUS 9792.20f. For all of these reasons, then, the request remains non-certified, on independent medical review. –