MAXIMUS Federal Services

Case Number:	CM13-0026621		
Date Assigned:	11/22/2013	Date of Injury:	05/16/2008
Decision Date:	02/03/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/19/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 43-year-old male who was reportedly injured on 05/16/2008 due to his involvement in a pedestrian versus motor vehicle accident. The patient sustained a left ulnar and radial fracture, tibial plateau fractures, a shaft fracture, and was later transferred from the [redacted] to [redacted] for further orthopedic evaluation. The patient was noted as having a non-union to the reduction with internal fixation where upon the hardware was later removed on in 03/2009. The patient has had substantial medical treatment throughout the past few years to include surgical procedures, extensive physical therapy, as well as oral and topical medication use. At this time, the physician is requesting ketoprofen cream 20%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section; NSAIDs Page(s): 111-112; 67-73.

Decision rationale: Under California MTUS, ketoprofen is listed as a non-steroidal anti-inflammatory under the non-selective NSAIDs heading. NSAIDs in general are recommended at

the lowest dose for the shortest period in patients with moderate to severe pain. As a topical medication, California MTUS states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It further states that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, gamma agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As note before the medication ketoprofen is listed under the NSAIDs heading. Although the patient has had extensive medical conditions necessitating several different medications to help reduce his pain and discomfort, due to California MTUS not recommending topical analgesics with the above listed ingredients, the requested service for ketoprofen 20% cream cannot be warranted at this time. As such, the requested service is non-certified.