MAXIMUS Federal Services

Case Number:	CM13-0026789		
Date Assigned:	01/10/2014	Date of Injury:	11/14/2005
Decision Date:	03/24/2014	UR Denial Date:	09/12/2013
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 Orthopedic Surgery 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 claimant is a 62 year old male injured in a work related accident November 14, 2005. The claimant sustained an injury to his lumbar spine. The records include a September 4, 2013 progress report by [redacted] indicating subjective complaints of medications no longer helping his low back complaints. He is describing radiating pain to the lower extremities bilaterally. It states the MRI scan was greater than five years old with current treatment including recent use of medications and H-Wave device. The physical examination findings showed moderate tenderness over the lumbar paravertebral musculature and facet joints with diminished range of motion to the lumbar spine, diminished sensation to light touch bilateral L5-s1 dermatomal distribution with diminished right Achilles deep tendon reflex. The diagnosis was lumbar radiculopathy and a lumbar strain. The medications were continued at that time including Neurontin, Anaprox, Ketoprofen cream and a request for a repeat MRI of the lumbar spine. At the last clinical assessment it is stated the claimant does not wish further operative intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 and 303.

Decision rationale: Based on the CA ACOEM Guidelines a MRI lumbar spine is not indicted. The records do not indicate progressive neurologic dysfunction or significant change in the claimant's clinical course to indicate the need for further imaging.

Ketoprofen Cream, quantity 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Based on the CA MTUS Chronic Pain Medical Treatment Guidelines the topical compound containing Ketoprofen is not indicated. Ketoprofen is not currently FDA approved for use in the topical setting. This would fail to necessitate the role of this topical agent containing a non FDA approved topical medication. The specific clinical request for the agent in question would not be indicated.