

Case Number:	CM13-0032470		
Date Assigned:	12/11/2013	Date of Injury:	07/12/2002
Decision Date:	01/17/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/08/2013

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 Emergency 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 patient is a 50 year old male who slipped and fell on July 12, 2002. He had knee injury status post (s/p) surgery, low back injury with decompression laminectomy, L5 radiculopathy. Reports show persistent low back pain and knee pain. Objective findings on exam show tenderness to the knee with spasms and crepitus and low back spasms. Utilization review dated September 6, 2013 for Keto-flex and Flur 20 topical analgesics recommended rejection for certification of the compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) Compound Keto-Flex: 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 Section Page(s): 111-113.

Decision rationale: As per MTUS guidelines, Ketoflex is not recommended. Ketoprofen is not FDA approved for topical application and has risk of dermatitis. Topical NSAID use is recommended for short course only. Therefore the request for one (1) Compound Keto-Flex is not medically necessary and appropriate.

