

Case Number:	CM13-0052208		
Date Assigned:	12/27/2013	Date of Injury:	12/02/2009
Decision Date:	03/14/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/15/2013

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 female who reported an injury on 12/02/2009. The mechanism of injury was noted to be the patient was walking down steps and her ankle twisted, and the patient came down and fell down the stairs while holding the railing during which time she twisted her low back. The patient was noted to have complaints of a pain score of 3/10 and an average of 3/10 over the week preceding the visit. Without pain medications the patient's pain score was noted to be 3/10, and with pain medications the score was noted to be 1/10. The patient's diagnoses were noted to include cervical and lumbar radiculopathy, neck pain, left shoulder sprain/strain, left shoulder pain, chronic pain syndrome, myofascial syndrome, and neuropathic pain. The request was made for authorization of additional acupuncture sessions to the upper and low back, 2 times a week for 3 weeks, and to start Ketoflex ointment to be applied topically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoflex ointment: 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, Ketoprofen Page(s): 111, 113.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application. The clinical documentation submitted for review indicated the patient was to start Ketoflex ointment topically, 3 times a day. Ketoprofen is not noted to be FDA-approved. Additionally, there was a lack of documentation indicating the components of Ketoflex ointment and there was a lack of documentation indicating the patient had failed antidepressant and anticonvulsant therapy. Given the above and the lack of documentation, as well as the lack of quantity being requested, the request for Ketoflex ointment is not medically necessary.