

Case Number:	CM13-0053008		
Date Assigned:	12/30/2013	Date of Injury:	04/22/2011
Decision Date:	03/12/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This patient is a 55-year-old male with date of injury on 04/22/2011. The progress report dated 10/17/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Lumbar sprain/strain, (2) Bilateral plantar fasciitis, (3) Bilateral ankle and foot pain, (4) Chronic pain syndrome, (5) Chronic pain-related insomnia, (6) Neuropathic pain. Patient continues with significant neck pain, left foot pain, and headaches. A treating physician had recommended continuation of Ketoflex ointment for this patient which was denied by the utilization review letter dated 10/28/2013.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Non-steroidal anti inflammatory agents (NSA).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Non-steroidal anti inflammatory agents (NSAID)s. Page(s): 111-113.

Decision rationale: Patient continues with significant headaches, neck pain, and left foot pain. MTUS Guidelines regarding topical analgesics do not recommend ketoprofen for topical use.

MTUS specifically states that ketoprofen is not currently FDA approved for topical application. It has an extremely high incidence of photocontact dermatitis. The recommendation for Ketoflex ointment does not appear to be supported by the guidelines noted above. Therefore, recommendation is for denial.