

Case Number:	CM13-0054181		
Date Assigned:	12/30/2013	Date of Injury:	11/08/2008
Decision Date:	03/17/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Management 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 reported a date of injury of 11/8/08. A utilization review determination dated 10/18/13 recommends non-certification of compounded Ketoprofen 20% in PLO gel. A letter from the provider dated 1/14/13 notes that topical NSAIDs such as ketoprofen have been widely accepted by the medical community and have been used in Europe for over 10 years. It has gained ground in the US as a safe alternative to oral NSAIDs and has enhances local deliver to painful sites with lower systematic absorption and decreased risk.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% in PLO gel, 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAID-Ketoprofen..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal anti-inflammatory agents (NSAIDs), Page(s): 111-112.

Decision rationale: Regarding the request for compounded Ketoprofen 20% in PLO gel, California MTUS notes that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs

for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." That has not been documented. Additionally, the CA MTUS cites that topical ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." In light of the above issues, the currently requested compounded Ketoprofen 20% in PLO gel is not medically necessary.