

Case Number:	CM13-0062922		
Date Assigned:	12/30/2013	Date of Injury:	11/29/2011
Decision Date:	04/14/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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 expert 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 55-year-old female who reported an injury on 11/29/2011. The patient was reportedly injured secondary to repetitive heavy lifting. There was no documentation of a physician progress report dated 09/03/2012. The patient was seen by [REDACTED] on 08/07/2012. The patient reported persistent cervical spine pain. Physical examination revealed diminished range of motion and tenderness to palpation. The patient was diagnosed with cervical radiculopathy, cervical discogenic pain, and muscle spasm. Treatment recommendations included a refill of creams and continuation of acupuncture and current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR KETORUB FOR THE CERVICAL SPINE DOS:
9/3/2012:** Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The

only FDA approved topical NSAID is Diclofenac. There was no physician progress report submitted on the requesting date of 09/03/2012. Therefore, there was no indication of this patient's utilization of this medication. There was no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.