

Case Number:	CM13-0065508		
Date Assigned:	01/03/2014	Date of Injury:	10/03/2013
Decision Date:	05/30/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 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 injured worker is a 37 year old male with a reported injury date of 10/03/2013; the mechanism of injury was not provided. Diagnoses include sprain/strain lumbar and sprain/strain thoracic. The clinical note dated 10/25/2013 noted that the injured worker's condition has not changed since the initial injury date. The subjective complaints noted included 6/10 back pain that is intermittent. The objective findings included tenderness and spasms of the paravertebral musculature. It was also noted that the injured worker had a restricted range of motion of the back to include extension measured at 15/30 degrees, lateral flexion left 25/45 degrees and right 25/45 degrees, and lateral rotation left 15/30 degrees and right 15/30 degrees. Sensation was intact to light touch and pinprick in all dermatomes of the bilateral lower extremities and the straight leg tests were negative bilaterally. It was documented that the injured worker had received at least 5 visits of chiropractic care as of 10/16/2013. The request for authorization form was not provided within the available clinical.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND KETOPROFEN 20 PERCENT PLO GEL, TID 120GRAMS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Updated 11/14/13), Topical Anesthetics.

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

Decision rationale: It was noted that the injured worker's condition has not changed since the initial injury date. The subjective complaints noted included 6/10 back pain that is intermittent. The objective findings included tenderness and spasms of the paravertebral musculature. It was documented that the injured worker had received at least 5 visits of chiropractic care as of 10/16/2013. The California MTUS guidelines state that Ketoprofen is not FDA approved for topical application. As such the request for compound Ketorprofen 20 percent PLO GEL, TID 120 grams is not medically necessary.

COMPOUND CYCLOPHENE 5 PERCENT PLO GEL, TID 120 GRAMS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Updated 11/14/13), Topical Analgesics.

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

Decision rationale: It was noted that the injured workers condition has not changed since the initial injury date. The subjective complaints noted included 6/10 back pain that is intermittent. The objective findings included tenderness and spasms of the paravertebral musculature. It was documented that the injured worker had received at least 5 visits of chiropractic care as of 10/16/2013. The California MTUS guidelines state that there is no evidence for use of any muscle relaxant as a topical product. As such, this request is not medically necessary.