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| Case Number: | CM13-0069071 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 03/31/2012 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 11/22/2013 |
| Priority: | Standard | Application Received: | 12/20/2013 |

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 Medicine 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 56-year-old male who reported an injury on 03/31/2012. The mechanism of injury was a motor vehicle accident. The patient was diagnosed with cervical and lumbar spine sprain/strain. The patient's symptoms include frequent mild to moderate neck pain, radiating to the bilateral shoulders, associated with looking up, looking down, bending, and rotation. The patient also complained of moderate low back pain, radiating to the bilateral legs occasionally. Physical examination revealed bilateral trapezius spasms. Range of motion of the cervical spine was noted to be decreased. There was no neurological deficit in the upper extremities. The patient's reflexes noted to be intact bilaterally and the patient had a 5/5 strength to the upper extremities. Examination of the lumbar spine revealed tenderness in the paraspinal muscle in the L4-5 and L5-S1 and the paraspinal muscle with 1+ spasm noted and guarding 1+. Straight leg raising test caused low back pain at the end range of motion. Past medical treatment included physical therapy, Flexeril, Motrin, and Tylenol for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETORUB (DURATION AND FREQUENCY UNKNOWN): 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 Topical Analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, non-steroidal anti-inflammatory agents have limited demonstrated efficacy in clinical trials and have been inconsistent with most studies being small and short of duration. The guidelines also state Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Additionally, the patient's current medications were noted to be Motrin, Flexeril, and Tylenol, with no reported side effects or ineffectiveness of these medications. Given the above, the request for Ketorub (duration and frequency unknown) for treatment of top of head, left wrist, neck and lower back is non-certified.