

Case Number:	CM13-0071805		
Date Assigned:	01/08/2014	Date of Injury:	03/09/2006
Decision Date:	05/30/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/30/2013

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:

According to the records made available for review, this is a 47-year-old male with a 3/9/06 date of injury. At the time (11/7/13) of request for authorization for retrospective: Ketoprofen 20% cream, there is documentation of subjective (low back complaints) and objective (diminished sensation over the left L5 dermatome and tenderness to palpation over the lumbar spine) findings, current diagnoses (degenerative disc disease of the lumbar spine with radiculopathy, stable left shoulder arthralgia, mechanical low back complaints, and intolerance to oral medications), and treatment to date (medication (including Ketoprofen 20% since at least 11/15/12 that helps with pain and sleep, and overall increase in function)).

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: KETOPROFEN 20% CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketoporfen.

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

Decision rationale: Ketoprofen Cream is a topical analgesic that contains a Non-steroidal anti-inflammatory agent. MTUS Chronic Pain Medical Treatment Guidelines identifies that

ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Based on guidelines, and a review of the evidence, retrospective request for Ketoprofen 20% cream is not medically necessary.