

Case Number:	CM14-0105408		
Date Assigned:	07/30/2014	Date of Injury:	07/08/2011
Decision Date:	09/30/2014	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	07/08/2014

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 & Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 50 year old male with an injury date on 07/08/2011. Based on the 11/06/2013 progress report provided by [REDACTED], the diagnoses are: 1. Right shoulder status post scope cuff repair, 10/16/2012, rule out recurrent tear and AC arthritis; 2. Left shoulder strain/sprain, positive MRI, cuff tear; 3. Left knee strain/sprain with degenerative joint disease rule out internal derangement; 4. Right knee strain/sprain rule out internal derangement; 5. Lumbar spine strain/sprain with herniated lumbar disc L2-L3, L3-L4, L4-L5 and L5-S1 with radiculitis/radiculopathy, right greater than left, positive MRI and positive EMG; 6. Right elbow lateral epicondylitis. According to this report, the patient presents with constant neck pain, bilateral shoulder pain, low back pain, bilateral knee and bilateral hands pain. The patient rated the neck pain as a 2-3/10; left shoulder as a 5-6/10; right shoulder 2/10; low back as a 5/10; bilateral knees pain as a 4/10; and bilateral hands pain as a 3-8/10. Drop arm test, impingement test bilaterally, right lasague's test, chondromalacia, and patella compression test bilaterally are positive. The utilization review denied the request on 06/21/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/14/2013 to 11/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro request for Capsaicin/Ketoprofen (duration unknown and frequency unknown):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketoprofen Page(s): 111.

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

Decision rationale: According to the 11/06/2013, report by [REDACTED] this patient presents with constant neck pain, bilateral shoulder pain, low back pain, bilateral knee and bilateral hands pain. The treater is requesting a retro request for Capsaicin/Ketoprofen (duration unknown and frequency unknown) but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 11/06/2013 and the utilization review letter in question is from 06/21/2014. MTUS specifically states ketoprofen is not FDA approved for topical applications. Any compounded topical product containing ketoprofen would not be recommended. The guidelines further state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". In this case, Ketoprofen compound is not recommended for topical formulation. Therefore, the retrospective request for Capsaicin/Ketoprofen (duration unknown and frequency unknown) is not medically necessary and appropriate.