

Case Number:	CM14-0107503		
Date Assigned:	08/01/2014	Date of Injury:	10/02/2006
Decision Date:	09/17/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/10/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 51 year old male who reported an injury on 10/02/2006; the mechanism of injury was not provided. Diagnoses include Grade 1 spondylolisthesis at L5-S1 with bilateral pars fractures, facet arthropathy left L4-5 and L5-S1 facets, left shoulder rotator cuff tear, left shoulder subacromial bursitis and impingement. Past treatments included a home exercise program. An MRI of the lumbar spine dated 12/28/2011, unofficial, indicated mild disc degeneration at L2-3 and L5-S1 and mild facet arthropathy. An MRI of the left shoulder dated 05/19/2011, unofficial, suggested a full thickness rotator cuff tear. Past surgical history includes shoulder acromioplasty on 02/06/2014. On 06/03/2014 clinical notes indicated the injured worker complained of 8/10 persistent low back and bilateral shoulder pain. The injured worker also complained of numbness, tingling and burning going down the left leg to the foot. Physical exam findings of the spine indicated positive straight leg raise at 60 degrees to the left side, muscle spasm in bilateral lumbar paravertebral musculature, and decreased range of motion in all planes. Physical exam findings of the left shoulder indicated decreased range of motion in all planes, tenderness on palpation in the AC region, subacromial bursitis, and positive impingement. Current medications included LidoPro cream and "pain medication that is 150 mg" given to the injured worker for post-operative pain. The request for treatment includes CMS-Ketoprofen 20%; the rationale for request was not indicated. The request for authorization was submitted on 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of CM3-Ketoprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request is not medically necessary. The injured worker complained of 8/10 persistent low back and bilateral shoulder pain, and numbness, tingling and burning going down the left leg to the foot. Physical exam findings indicated muscle spasm in bilateral lumbar paravertebral musculature, decreased range of motion in all planes of the spine and left shoulder, tenderness on palpation in the AC region, subacromial bursitis, and positive impingement. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and go on to state that Ketoprofen is not currently FDA approved for topical application. The request does not include instructions for the use and applications of CM-3 Ketoprofen 20%. Given the above, the request is not medically necessary.