

Case Number:	CM14-0016214		
Date Assigned:	04/14/2014	Date of Injury:	12/23/2009
Decision Date:	05/29/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 55-year-old male who reported an injury on 12/23/2009. The mechanism of injury was not stated. Current diagnoses include neurogenic claudication, status post cervical fusion, right upper extremity radiculopathy, and status post lumbar decompression and microdiscectomy. The injured worker was evaluated on 03/10/2014. The injured worker reported constant lower back pain rated 7/10 with associated numbness in the right leg. Physical examination revealed tenderness to palpation with mild weakness in the extensor hallucis longus, tibialis anterior, and gastrocnemius. Treatment recommendations at that time included prescriptions for 2 anti-inflammatory creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN TIMES ONE 120 GM JAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The only

FDA-approved topical NSAID is diclofenac. Therefore, the current request cannot be determined as medically appropriate. There is also no frequency listed in the current request. As such, the request is medically necessary.

KETAMIME/KETOPROFEN TIMES ONE 120GM JAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 111-113.

Decision rationale: California MTUS Guidelines state ketamine is not recommended. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain. The only FDA-approved topical NSAID is diclofenac. Therefore, the current request cannot be determined as medically appropriate. There is also no frequency listed in the current request. Therefore, the request is not medically necessary.