

Case Number:	CM14-0116568		
Date Assigned:	08/04/2014	Date of Injury:	04/12/2013
Decision Date:	09/17/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/22/2014

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, has a subspecialty in Pain Medicine 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 injured worker is a 47-year-old male, who reported injury on 04/12/2013. The mechanism of injury was a slip and fall. The injured worker underwent a cervical discectomy and fusion on 12/04/2013. The diagnostic studies included an MRI of the lumbar spine. The documentation of 06/20/2014 revealed the injured worker had complaints of constant neck pain and bilateral shoulder pain as well as low back pain. There was noted to be constant low back pain with radiation to bilateral lower extremities. The current medications were noted to include patches and topical creams. The therapies included physical therapy. The diagnoses included lumbar radiculopathy, rule out disc herniation and annular tear, sprain and strain of the right hand, and myoligamentous sprain and strain of the bilateral shoulders. The treatment plan included a lumbar epidural steroid injection and a prescription of Norco 10/325 as well as a topical flurbiprofen 20% cream 120 g, ketoprofen 20% and ketamine 10% cream 120 g, and gabapentin 10%, cyclobenzaprine 10%, and capsaicin 0.0375 cream 120 g, to be applied to the affected area 2 to 3 times a day. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20%/Ketamine 10% cream 120 grams: 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, Ketoprofen/Ketamine Page(s): 111;112,113.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application. The compound also included topical Ketamine which is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. The guidelines do not recommend Ketoprofen and as such the use of the compound would not be supported. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. Additionally, it was noted that the injured worker was to utilize Flurbiprofen, which is an NSAID as well, and there was a lack of documentation indicating a necessity for 2 topical NSAIDs. Given the above, the request for ketoprofen 20%/ketamine 10% cream 120 g is not medically necessary.