MAXIMUS Federal Services

Case Number:	CM14-0156174		
Date Assigned:	09/25/2014	Date of Injury:	01/23/2012
Decision Date:	10/29/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/24/2014

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 Anesthesiology, has a subspecialty in 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 38-year-old female who reported a work related injury on 01/23/2012. The mechanism of injury was due to the injured worker tripping over a box. The injured worker's diagnoses include disc herniations at the L4-5 and L5-S1 with stenosis and moderate to severe bilateral neural foraminal narrowing with contact of the right S1 nerve root, lumbar radiculopathy, severe disc space narrowing at L4-5 with a vacuum disc, left shoulder impingement and bursitis, right hip arthralgia, and neck pain. The injured worker's past treatment has included 12 visits of acupuncture, 5 visits of physical therapy,and a home exercise program. Diagnostic studies include an MRI of the lumbar spine on 10/17/2013 which revealed degenerative disc disease, facet arthropathy and retrolisthesis at L4-5 and L5-S1, central stenosis includes L4-5 mild to moderate canal stenosis, and at L5-S1 there is narrowing of the right lateral recess with contact of the S1 nerve root, neural foraminal narrowing includes the L4-5 severe left, and up to moderate on the right, L5-S1 severe right and moderate left neural foraminal narrowing. Upon examination on 07/25/2014 the injured worker complained of ongoing low back pain, which she rated as a 5/10 to 6/10 on the VAS pain scale. She stated that she had constant low back pain as well as pain that radiated down to her right leg to the outside of her right foot. She stated that the leg pain can be unbearable. The injured worker also stated that she continued to have spasms in her low back. The injured worker also stated that she is taking Norco, Norflex, ketoprofen as needed, and Prilosec for gastritis. The injured worker stated that the medications help decrease her pain by 40% and increase her sleep by an hour longer. The injured worker's prescribed medications included Norco, Norflex, Neurontin, and ketoprofen cream. The treatment plan consisted of transforaminal epidural steroid injections, Norco, Norflex, Neurontin, and ketoprofen cream. Rationale for the request was not submitted for review. A Request for Authorization form was submitted for review on 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3-Ketoprofen 20% #30, no ndc#, no refills, topical analgesic: 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 Page(s): 111-113.

Decision rationale: The California MTUS states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Agents are applied locally to painful areas with advantages that include lack of symptomatic side effects, absence of drug interaction, and no need to titrate. However, the guidelines state ketoprofen is not currently FDA approved for a topical application. As such, the request CM3-Ketoprofen 20% #30, no ndc#, no refills, topical analgesic is not medically necessary.