

Case Number:	CM14-0162066		
Date Assigned:	10/16/2014	Date of Injury:	01/04/2005
Decision Date:	11/18/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/02/2014

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 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 57-year-old male with a date of injury of 01/04/2005. The listed diagnoses per [REDACTED] are: 1. Status post C-spine fusion on 02/25/2014. 2. Varicose veins of lower extremity. 3. Venous peripheral insufficiency. 4. Chest pain. 5. Hyperlipidemia. 6. Obesity. 7. Obstructive sleep apnea. 8. Hypertension. 9. Long-term use meds. According to progress report 09/05/2014, the patient presents with hypertension and hyperlipidemia. According to the progress report 07/21/2014, the patient presents with neck pain, left upper extremity pain, bilateral shoulder pain, and headaches. The patient is status post C spine fusion on 02/25/2014 which "did help some, but he was unable to go back to work." This is a request for ketoprofen cream 20% 120 gm. Utilization review denied the request on 09/17/2014. Treatment reports from 03/04/2014 through 09/05/2014 by 3 different treating physicians were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20%, 120gm: 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 creams Topical Analgesics Page(s): 111, 112.

Decision rationale: This patient is status post C-spine fusion on 02/25/2014. This is a request for ketoprofen cream 20% 120 gm. The medical file provided for review does not discuss this request. The California MTUS Guidelines page 111 has a following regarding topical creams, "Topical analgesics are largely experimental and use with few randomized control trials to determine efficacy or safety." Furthermore, non-FDA approved agents like ketoprofen is not recommended for any topical use. Recommendation is not medically necessary and appropriate.