

Case Number:	CM14-0166941		
Date Assigned:	10/14/2014	Date of Injury:	04/06/2004
Decision Date:	11/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/09/2014

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 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:

This 47 year-old patient sustained an injury on 4/6/2004 from unloading 90 pound packages while employed by [REDACTED]. Request(s) under consideration include Ketoprofen Cream. Diagnoses list lower leg osteoarthritis; sacroiliitis; post laminectomy syndrome; thoracic or lumbosacral neuritis/ radiculitis; and postsurgical arthrodesis status. Report of 7/28/14 from PA-c/provider noted diagnoses of lumbar radiculopathy/ failed back syndrome s/p lumbar fusion at L4-S1 in 2004. The patient was reported to have chronic constant pain in the hip, foot, knee and back and was awaiting acupuncture and MRI of right knee, hip and pelvis. Exam showed tenderness of right SI joint; use of cane with intact motor strength. X-rays of right knee and hip on 6/24/14 showed DJD. Diagnoses included right knee DJD and right SI joint dysfunction. Trial of acupuncture and aquatic therapy were ordered. Report of 9/9/14 from the provider noted patient with chronic ongoing low back and bilateral lower extremity symptoms radiating throughout body. Neck pain had stiffness and pain radiating to shoulders and arms and back pain down to hips and legs. Exam showed decreased right L5 dermatome, use of cane; antalgic gait; limited lumbar range. Treatment included continuing Naproxen and trial of Ketoprofen as well as Methadone gel. The request(s) for Ketoprofen Cream was non-certified on 10/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. There is no documentation for the medical indication of Ketoprofen in addition to current prescription of Motrin. MTUS Guidelines do not recommend Ketoprofen nor recommend use of NSAIDs beyond few weeks as there are no long-term studies to indicate its efficacy or safety. The efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. The patient was also prescribed concurrent oral Naproxen along with topical NSAID Ketoprofen. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2004 without documented functional improvement from treatment already rendered. The Ketoprofen Cream is not medically necessary and appropriate.