

Case Number:	CM14-0166998		
Date Assigned:	10/14/2014	Date of Injury:	04/06/2001
Decision Date:	12/04/2014	UR Denial Date:	10/03/2014
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 Rehabilitation & Pain Management 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 74-year-old female with a date of injury of 04/06/2001. The listed diagnoses per [REDACTED] are: 1. Cervical spine disk syndrome with sprain/strain disorder radiculopathy. 2. Thoracic spine disk syndrome with sprain/strain disorder radiculopathy. 3. Chronic pain syndrome with idiopathic insomnia. According to progress report 09/15/2014, the patient presents with neck and midback pain which is described as sharp and stabbing. Objective findings include reduced range of motion of the thoracic and cervical spines in all planes. There is reduced sensation and strength in the distribution of the bilateral C6 spinal nerve roots. Tenderness was noted in the bilateral cervical and thoracic paraspinal musculature with noted spasms. Treating physician is requesting ketoprofen topical cream. Utilization review denied the request on 10/03/2014. Treatment reports 04/29/2014 through 09/15/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen topical cream KW30: 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.

Decision rationale: This patient presents with neck and midback pain. The treating physician is requesting for Ketoprofen topical cream KW30: to "help control pain and inflammation." Treating physician states that this medication helps reduce GI upset associated with oral medications. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." The request is not medically necessary.