

Case Number:	CM14-0167639		
Date Assigned:	10/14/2014	Date of Injury:	07/31/2009
Decision Date:	11/18/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/10/2014

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 Neurology, 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:

9/8/14 PR-2 notes complaint of radicular pain to toe. Diagnosis of lumbar radiculopathy and lumbago was noted. Treatment plan was continue Ketoprofen cream and Lidocaine patch, start Tramadol, and obtain TENS. Pain was described as radiating to the lower extremities, right greater than left. There was numbness in the right lower extremity. The insured was reported to have allergy to NSAIDS due to kidney issues. Ketoprofen cream was recommended over the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream 120mg, quantity #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw Hill 2006 and Physician's Desk Reference, 68th Edition (www.RxList.com)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111.

Decision rationale: MTUS notes topical NSAIDS and other agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents

are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Ketoprofen cream may be used in peripheral joint arthritis such as knee and is not supported under MTUS for use on spine. The medical records note use of Ketoprofen for the spine and also reports an allergy to NSAIDS due to kidney disease. Topical NSAIDS carry same risk due to systemic absorption. As such the medical records provided for review do not support use of Ketoprofen cream congruent with MTUS guidelines.