

Case Number:	CM14-0022504		
Date Assigned:	05/09/2014	Date of Injury:	04/27/2010
Decision Date:	08/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Occupational Medicine 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 60-year-old female who has submitted a claim for status post lumbar fusion, and lumbar radiculopathy associated with an industrial injury date of April 27, 2010. The medical records from 2013 to 2014 were reviewed. The patient complained of low back pain, rated 6/10 in severity, radiating to bilateral lower extremities. The pain was described as numbness and tingling sensation. Physical examination of the lumbar spine revealed muscle spasm and tenderness. Straight leg raise was positive on the left. Sensation was diminished over the lower calf area. The treatment to date has included lumbar fusion surgery in 2012, physical therapy, and medications such as Norco, and topical products. A utilization review from February 10, 2014 denied the request ketamine/ketoprofen 10/20%, 120g because it is not currently Food and Drug Administration (FDA) approved for topical application.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Ketamin/Ketoprofen 10/20%, 120gm between 1/8/2014 and 1/8/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

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

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In this case, the patient complained of persistent low back pain radiating to bilateral lower extremities, described as numbness and tingling sensation. However, there was no discussion concerning intolerance to oral medications warranting the use of topical products. This medication likewise contains components that are not recommended for topical use. The MTUS guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. The medical necessity is not established. Therefore, the request for one (1) prescription for Ketamin/Ketoprofen 10/20%, 120gm between 1/8/2014 and 1/8/2014 is not medically necessary.