

Case Number:	CM14-0026886		
Date Assigned:	06/13/2014	Date of Injury:	05/08/2012
Decision Date:	07/16/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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 Internal 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 57- year-old male with date of injury 5/8/2012 with mechanism unknown. He is reported to have chronic low back pain and bilateral knee pain. He has had epidural steroid injections and physical therapy (PT) for the back and has responded with some improvement to these modalities for his back. He has had left knee surgery 12/28/2013 for meniscal damage and synovitis. His pain regimen is oral naproxen and tramadol. There is not documentation provided of any other medication trials or non-pharmacologic modalities used to treat this patients chronic pain syndromes. The current request is for topical ketoprofen 2% / Ketamine 10% gel - 120 grams and flurbiprofen 20% gel - 120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 KETOPROFEN 2% 120 GM /KETAMINE 10% GEL 120GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS NSAIDs.

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

Decision rationale: MTUS guidelines state that one medication is trialed at a time and documentation of outcome, in terms of function and pain, is made. The topical compound

contains ketoprofen and ketamine. Topical ketoprofen is not recommended due to non-FDA approval for topical application and an extremely high incidence of photodermatitis. Ketamine gel is only recommended for trial of neuropathic pain in refractory cases in which all-standard primary and secondary therapies have failed. There is no documentation as to trials of any of the components of this compounded gel as single agents, nor is there documentation as to failure and/or outcome in terms of pain scores and functionality, to other standard medications. As such, the MTUS guidelines are not met and the compounded gel is not medically necessary.

1 FLURBIPROFEN 20% GEL 120 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS NSAIDs.

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

Decision rationale: MTUS states that topical NSAIDS can be used for trial of pain treatment, but is inconsistent as to outcome and duration. Flurbiprofen is not specifically discussed in either MTUS or ODG. ODG states topical NSAIDs be used only for neuropathic pain or osteoarthritic pain. MTUS is similar. The notes provided do not state what the topical formulation is to be used for, nor is there any documentation of more standard medication trials and outcomes. Furthermore, it is not reported that this patient has neuropathic pain or osteoarthritic pain. Therefore, the topical flurbiprofen gel is not medically necessary.