

Case Number:	CM14-0027458		
Date Assigned:	06/13/2014	Date of Injury:	11/14/2011
Decision Date:	07/16/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

47 year old male injured worker with date of injury 11/14/11 with related low back pain. Per 1/21/14 progress report, low back pain radiated to the right leg and became much worse throughout the day. There was increased pain that extended to the right foot. There was some numbness and tingling to the right ankle. The pain was rated 7/10. The current medications and cream had helped. Physical examination of the lumbar spine showed that there was bilateral tenderness to palpation and spasms of the L3-L5 paraspinal muscles. The range of motion had decreased. The ranges of motion in degrees: extension-10, flexion-30, bilateral lateral bending-15 and rotation-10. Sensation to light touch was abnormal at the bilateral lower extremities. The gait was limp. The patient was diagnosed with lumbar sprain, lumbar radiculopathy, spinal stenosis, lumbosacral degenerative disc disease and spasm of muscle. MRI of the lumbar spine dated 3/9/12 revealed that there was congenital narrowing of the lumbar spinal canal with degenerative disc disease and facet joint arthropathy at multiple levels. The most prominent findings were thecal sac stenosis L3-L4 and the left sided foraminal narrowing L5-S1. He has been treated with transforaminal epidural steroid injection (1/31/13, no significant improvement), home exercise program, aquatic therapy, land based physical therapy, and medication management. The date of UR decision was 2/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN CREME TO DECREASE USE OF ORAL MEDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: With regard to topical Ketoprofen, the MTUS CPMTG states "This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure." As this agent is not FDA approved, it is not recommended. The MTUS supports topical NSAIDs for joint pain primarily, not for lower back pain. Medical necessity cannot be affirmed.