

Case Number:	CM14-0032379		
Date Assigned:	06/20/2014	Date of Injury:	09/12/1999
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/14/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 65-year-old male with a 9/12/99 date of injury. At the time (2/24/14) of request for authorization for Ketoprofen mild compounded ointment 240 gm. qty: 1.00. There is documentation of subjective (pain rated 4-5/10) and objective (BP 140/80, pulse 74, BMI 31.2) findings. Current diagnoses are (lumbar radiculopathy, lumbar disc degeneration, sexual dysfunction, insomnia, lumbar facet joint syndrome), and treatment to date (chiropractic, physical therapy, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen mild compounded ointment 240gm qty:1.00: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended

for topical applications. Therefore, based on guidelines and a review of the evidence, the request for Ketoprofen mild compounded ointment 240 gm qty: 1.00 is not medically necessary.