

Case Number:	CM14-0040928		
Date Assigned:	06/30/2014	Date of Injury:	08/27/2009
Decision Date:	08/25/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/08/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 injured worker is a 61-year-old who was reportedly injured on August 27, 2009. The mechanism of injury was noted as pulling injury. The most recent progress note, dated April 1, 2014, indicated that there were ongoing complaints of low back pain that radiated into the right lower extremity. The physical examination demonstrated lumbar spine positive tenderness to palpation over lumbar paraspinal muscles and lumbosacral junction, tenderness to palpation at the bilateral posterior superior iliac spine with trigger point noted as a quadratus lumborum, limited range of motion with pain, positive tripod sign test, positive Lasegues test, decreased sensation to pinprick in light touch at L4-L5 and S1 dermatome bilaterally. Motor strength was 4/5 bilateral lower extremities. Deep tendon reflexes 2+. No recent diagnostic studies were available for review. Previous treatment included medications, physical therapy, and conservative treatment. A request had been made for ketoprofen 20% in PLO Gel 120 grams, cyclophene 5% in PLO Gel 120 grams and was not certified in the pre-authorization process on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication - Ketoprofen 20% in PLO Gel 120 grams, Cyclophene 5% in PLO gel 120 grams is not medically necessary and appropriate.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental and that any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended. The guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory drugs for treatment of the above noted diagnosis. Furthermore, there was no objectification of any satisfactory progress with the medication being deployed. The pain complaints continued to be significant, and as such there, is no medical necessity established for this preparation. The request for Compound Medication - Ketoprofen 20% in PLO Gel 120 grams, Cyclophene 5% in PLO gel 120 grams is not medically necessary or appropriate.