

Case Number:	CM14-0048616		
Date Assigned:	06/25/2014	Date of Injury:	10/10/2001
Decision Date:	08/29/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/28/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 38-year-old male who reported an unknown injury on 10/10/2001. On 04/21/2014, his diagnoses included lumbar radiculopathy, chronic intractable lumbar pain, lumbago, lumbar sprain, lumbosacral joint/ligament sprain, and spasm of muscle. He complained of increasing pain in his low back radiating down the back of his left leg. He managed his pain with Norco, Flexeril, and Ketoprofen cream. In the treatment plan it was noted that the Ketoprofen cream would be stopped due to non-certification. Rationale for the use of the Ketoprofen cream was to decrease the use of his oral medications/NSAIDs and to help him taper down his Norco. There is no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Cream: 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: The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy for pain control, including NSAIDs. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or class of drugs that is not recommended is not recommended. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. The only FDA-approved NSAID for topical application is Voltaren gel 1% (diclofenac), which is indicated for relief of osteoarthritis pain in joints. Ketoprofen is not currently FDA-approved for topical application. It has an extremely high incidence of photo contact dermatitis. Additionally, there was no body part or frequency of application specified in the request. Therefore, this request for Ketoprofen cream is not medically necessary.