

Case Number:	CM14-0050309		
Date Assigned:	06/25/2014	Date of Injury:	07/08/2003
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 64 year old with reported injury on 07/08/2003. The mechanism of injury was not provided. The injured worker had an exam on 02/19/2014 with complaints of right upper extremity, neck and back pain at a level of 8/10 with numbness and tingling. There was no documentation provided regarding functional deficit. The injured worker's medication list consisted of Norco and Lexapro. The diagnoses included cervical disc disease with myelopathy, neck sprain/strain, stable, lateral epicondylitis and shoulder bursitis. The recommended plan of treatment was right shoulder re-evaluation, Norco, Lidocaine patch and Ketoprofen cream. The request for authorization and rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

The Prospective Request for 1 prescription of Ketoprofen cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal anti-inflammatory drug.

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

Decision rationale: The request for ketoprofen cream is non-certified. The California MTUS Guidelines do not recommend any compound product that contains at least one drug (or drug class) that is not recommended. Ketoprofen is not currently not approved for a topical application. The topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms. There is no evidence to support the need for ketoprofen cream. Furthermore there is no directions as to its use provided. Therefore the request is non-certified.