

Case Number:	CM14-0053099		
Date Assigned:	07/07/2014	Date of Injury:	02/18/2013
Decision Date:	12/30/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 Interventional spine 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 patient is a 33 year old female with an injury date of 02/18/13. Based on the 02/11/14 progress report, the patient complains of lower back pain on the left side referring into her left hip and leg. She rates her pain as a 5/10 with medications and an 8/10 without medications. The 03/11/14 report states that the patient has low back pain on the left referring into the left thigh to the knee. The 04/01/14 report indicates that the patient's lower back pain radiates to her left leg. No further positive exam findings were provided. The patient's diagnoses include the following: 1. Cervicalgia. 2. Concussion coma 30 min or less. 3. Disorders of sacrum. 4. Lumbosacral neuritis. 5. Myalgia. 6. Organic. The utilization review determination being challenged is dated 04/21/14. Treatment reports were provided from 10/04/13- 06/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Mild Ointment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 04/01/14 report, the patient presents with lower back pain which radiates to her left leg. The request is for Ketoprofen mild ointment. According to the MTUS Guidelines, "MTUS page 111 states the following: "Non-FDA approved agents; Ketoprofen: This agent is not currently FDA approved for topical application. It has an extremely high incidence of photo-contact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical ointment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at high risk including those with renal failure." In this case, Ketoprofen is not recommended. The request is not medically necessary.