

Case Number:	CM14-0054578		
Date Assigned:	07/07/2014	Date of Injury:	04/27/2012
Decision Date:	08/11/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/23/2014

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 26 year old male with an injury date of 04/27/12. Based on the 04/16/14 progress report provided, the patient complains of pain and discomfort involving his low back and leg. He has been stressed out due to this severe pain and discomfort. There is decreased lumbosacral range of motion and a positive straight leg raising test of the legs. The 04/04/14 report states that The patient is noticing improvement with physical conditioning, strength, endurance and learning to cope with his chronic pain condition through the meditation, mindfulness, and psychology classes. The patient's diagnoses include lumbosacral disc injury; history of lumbosacral microdiscectomy at level L5-S1; failed back pain syndrome; and two-level lumbosacral disc injury. [REDACTED] has a retrospective request for Ketoprofen cream. The utilization review determination being challenged is dated 04/21/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/16/13-06/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Ketoprofen cream, QTY: 1 (dispensed 4/4/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): p111.

Decision rationale: MTUS Guidelines state that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. MTUS Guidelines do not support the use of Ketoprofen cream. As such, the request is not medically necessary.