

Case Number:	CM14-0068734		
Date Assigned:	07/14/2014	Date of Injury:	05/07/2010
Decision Date:	09/16/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/13/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 44-year-old female with a date of injury of 5/7/10. The mechanism of injury occurred to her low back, bilateral lower extremities, neck and right arm when she was struck by a heavy shelving unit. Her head was also injured. On 3/19/14, she complained of stabbing, burning neck pain, with some burning pain in the right elbow. She has popping with neck rotation and movement. She reports radiation of pain and numbness down both legs to feet. On exam she has decreased sensation of the right C5, C6, C7, and C8 dermatomes and decreased right L4 and left L5 dermatomes. There was positive straight leg raise on the right at 45 degrees with radiation of pain down to the mid-calf. The diagnostic impression is HNP at L4 - 5 and L5 - S1, facet arthropathy of the lumbar spine, and degenerative disc disease of thoracic spine. Treatment to date: chiropractic therapy, medication management. A UR decision dated 4/7/14 denied the request for CM3 Ketoprofen 20%. It was noted that the patient was prescribed Ketoprofen cream was due to intolerance to oral NSAIDs. The rationale for the denial of the CM3 Ketoprofen 20% cream was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3 Ketoprofen 20%: 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): 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, ketoprofen 20% is a compounded cream topical application. Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines do not recommend ketoprofen for topical applications. There is no specific rationale provided as to why the patient needs this medication despite lack of guidelines support. Therefore, the request for CM3 Ketoprofen 20% was not medically necessary.