

Case Number:	CM14-0073239		
Date Assigned:	06/30/2014	Date of Injury:	10/30/2012
Decision Date:	08/07/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 55-year-old female who was injured on 10/30/12 during a car accident. She was later diagnosed with lumbago with radiculopathy, lumbar canal stenosis, and headache. She was treated with physical therapy, electrical stimulation, and oral medications. She also has a history of breast cancer, having recently been treated with chemotherapy. She was seen by her treating physician on 3/18/14 complaining of her usual and continual lumbar/sacroiliac pain on the right side, and reported intermittent improvement with physical therapy and electrical stimulation with the physical therapist. Physical examination revealed tenderness in lumbar area and positive Faber test on right. She was recommended, in addition to her oral medication therapy, a topical compounded cream (Ketoprofen, Lidocaine), a sacroiliac joint injection, and a transcutaneous electrical nerve stimulation (TENS) unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 15% LIDOCAINE 5% LIPODERM BASE TRANSDERMAL CREAM 120 GRAMS WITH FIVE (5) REFILLS: 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 Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics, and especially combination topical analgesic products, are largely experimental in that evidence is limited for benefit and safety. Ketoprofen, specifically, is not FDA approved for topical use and is not recommended by the MTUS. In the case of this worker, the ketoprofen/lidocaine combination topical agent was recommended for use. As the MTUS discourages non-FDA approved use of this medication, the Ketoprofen/Lidocaine cream is not medically necessary.