

Case Number:	CM14-0078046		
Date Assigned:	07/18/2014	Date of Injury:	01/23/2012
Decision Date:	08/15/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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 and Pain Management, 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 34 year old female with an injury date of 01/23/12. Based on the 04/25/14 progress report provided by the treating physician., the patient complains of constant low back pain radiating into her left lower extremity and with associated numbness, tingling, and spasms. She occasionally walks with an uneven gait, has difficulty sleeping, and awakens with pain. Sensory examination reveals decreased sensation to light touch over the left side at L4-5 dermatomes. The patient's diagnoses include the following, industrially related, an MRI-proven protrusions and stenosis at L3-4 and L4-5, x-ray evidence of narrowing at L5-S1 chronic pain, hypertension, industrially related secondary to the above, neurological progression, L4-5 herniated nucleus pulposus with annular tear. The treating physician is requesting for the following, Flurbiprofen 20% gel 120 gms, Ketoprofen 20%, Ketamine 10% gel 120 gms. The treating physician provided one treatment report from 04/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Gel 120gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics chapter, page 111.

Decision rationale: According to the 04/25/14 report by the treating physician, the patient present with constant low back pain radiating into her left lower extremity and with associated numbness, tingling, and spasms. The request is for Flurbiprofen 20% gel 120 gms. The MTUS Guidelines provide clear discussion regarding topical compounded creams. It does not support the use of topical NSAIDs for axial, spinal pain, but supports it for peripheral joint arthritis and tendinitis. This patient presents with mostly low back pain for which this topical medication is not indicated. Recommendation is for denial. As such, the request is not medically necessary.

Ketoprofen 20% Ketamine 10% Gel 120 gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics chapter, page 111.

Decision rationale: Based on the 04/25/14 report by the treating physician, the patient present with constant low back pain radiating into her left lower extremity and with associated numbness, tingling, and spasms. The request is for Ketoprofen 20% Ketamine 10% gel 120 gms. According to the MTUS guidelines, Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS page 111 states the following: Non FDA-approved agents, Ketoprofen, this agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis (Diaz, 2006) (Hindsen, 2006). Absorption of the drug depends on the base it is delivered in (Gurol, 1996). 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. Since Ketoprofen is not recommended, the whole compound is not within MTUS guidelines. Recommendation is for denial. As such, the request is not medically necessary.

