

Case Number:	CM14-0079395		
Date Assigned:	07/18/2014	Date of Injury:	04/12/2013
Decision Date:	08/15/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/29/2014

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 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:

According to the records made available for review, this is a 47-year-old male with a 4/12/13 date of injury, and status post anterior cervical discectomy and fusion 12/4/13. At the time (5/6/14) of request for authorization for Ketaprofen 20% 120g, there is documentation of subjective (constant neck pain rated 6-7/10, with radiation to the bilateral upper extremities with associated spasms; constant low back pain rated 7-8/10, with associated numbness, tingling, and burning sensation, as well as weakness) and objective (cervical spine paraspinal spasms and tenderness, bilateral trapezial spasms and tenderness, weakness of the left wrist extensor and flexors) findings, current diagnoses (status post anterior cervical discectomy and fusion 12/4/13; lumbar radiculopathy, rule out disc herniation and annular tear, myoligamentous sprain/strain of bilateral shoulders, sprain/strain of right hand, and chronic headaches), and treatment to date (physical therapy, epidural steroid injections, activity modification, and medications (including Norco, Ultracet, and Medrox patches)). 4/18/14 medical report identifies a request for ketoprofen 20%/ketamine 10% cream 120 g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketaprofen 20% 120g: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of status post anterior cervical discectomy and fusion 12/4/13; lumbar radiculopathy, rule out disc herniation and annular tear, myoligamentous sprain/strain of bilateral shoulders, sprain/strain of right hand, and chronic headaches. However, Ketaprofen 20% 120g contains at least one drug (ketoprofen) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Ketaprofen 20% 120g is not medically necessary.