

Case Number:	CM14-0099661		
Date Assigned:	07/28/2014	Date of Injury:	04/21/2010
Decision Date:	09/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/27/2014

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 & Rehabilitation and is licensed to practice in California and Washington. 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 injured worker is a 53-year-old male who reported an injury on 04/21/2010. The mechanism of injury was a fall. The diagnoses included status post L5-S1 anterior and posterior fusion with pseudarthrosis in the posterior hardware on 04/18/2013, bilateral lower extremity radicular pain, and status post exploration of fusion, removal of hardware at L5-S1, and status post revision surgery. Previous treatments included EMG and medication. Within the clinical note dated 04/18/2014, it was reported the injured worker complained of intermittent neck pain. He rated his pain 5/10 in severity with radiation to the bilateral upper extremities. He complained of constant sharp low back pain rated 5/10 in severity. The injured worker reported the back pain radiated to the bilateral lower extremities. Upon the physical examination, the provider noted the injured worker had a negative straight leg raise test. Lower extremity motor strength was 5/5. The injured worker had tenderness to palpation over the lumbar musculature. The request submitted is for compound ketoprofen/ketamine cream. However, a rationale is not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Ketoprofen 20%, Ketamine 10%, Cream 120GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, page(s) 56, 72, 111-112 Page(s): 56, 72, 111-112.

Decision rationale: The request for compound ketoprofen 20%, ketamine 10% cream 120 g is non-certified. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use, 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The guidelines note ketamine is not recommended. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain. The guidelines note ketoprofen is a nonsteroidal anti-inflammatory drug used for osteoarthritis. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide a treatment site. Additionally, the injured worker has been utilizing the medication since at least 04/2014, which exceeds the guidelines recommendation of short term use. The request submitted failed to provide the frequency of the medication. Therefore, the request for Compound: Ketoprofen 20%, Ketamine 10%, Cream 120GM is not medically necessary.