

Case Number:	CM14-0107470		
Date Assigned:	08/01/2014	Date of Injury:	12/02/2013
Decision Date:	07/02/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 57 year old female, who sustained an industrial injury, December 2, 2013. The injured worker was a truck driver, injured in a motor vehicle accident. The load shifted in the back of the truck, causing the truck to overturn on a ramp. The injured worker previously received the following treatments physical therapy, injections, home exercise program and Flurbiprofen 20% cream, Ketoprofen 20%, Ketamine 10% cream and Gabapentin 10% Cyclobenzaprine 10% and Capsaicin 0.0375% cream. The injured worker was diagnosed with cervical spine sprain/strain, rule out herniated nucleus pulposus, degenerative disc disease at C5- C6, left upper extremity radicular pain, left rib contusion, lumbar spine sprain/strain and cervical stenosis and protrusions at C4-C5 and C5-C6 abutting against the cord centrally. According to progress note of May 5, 2015, the injured workers chief complaint was intermittent neck pain and low back pain. The injured worker stated that the neck and lower back pain was better since the last visit. The treatment of Flurbiprofen 20% cream, Ketoprofen 20%, Ketamine 10% cream and Gabapentin 10% Cyclobenzaprine 10% and Capsaicin 0.0375% cream and physical therapy had improved the injured workers pain. The physical exam noted cervical spine range of motion had improved. Orthopedic tests were negative bilaterally. The upper motor strength testing was 5 out of 5 bilaterally. The sensory examination in the upper extremity was intact. The treatment plan included prescription renewal for Ketoprofen 20% and Ketamine 10% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20%/Ketamine 10% cream (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Ketamine Page(s): s 111-113, and 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic medications for chronic pain Page(s): s 111-113, and 60.

Decision rationale: The patient presents with low back and neck pain. The request is for KETOPROFEN 20% KETAMINE 10% CREAM (UNSPECIFIED QUANTITY). Physical examination to the cervical spine on 01/13/15 revealed tenderness to palpation over the cervical paraspinals. Range of motion was decreased in all planes. Patient's treatments have included physical therapy, medication and a TENS unit. Per 05/05/15 progress report, patient's diagnosis include cervical spine sprain/strain, rule out herniated nodules pulposus, degenerative disc disease at C5-C6, left upper extremity radicular pain, left rib contusion, lumbar spine sprain/strain, cervical tenosis, and protrusions at C4-C5 and C5-C6 abutting against the cord centrally. Patient's medications, per 04/07/15 progress report include Flurbiprofen 20% Cream, Ketoprofen 20%/ Ketamine 10% Cream, Gabapentin 10%/ Cyclobenzaprine 10%/ Capsaicin 0.0375% Cream. Patient's work status is full duties. The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Ketoprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Patient had been prescribed Ketoprofen from 02/14/15 and 05/05/15. In this case, the treater has not discussed how this medication decreases pain and significantly improves patient's activities of daily living. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, there is no diagnosis of peripheral joint arthritis and tendinitis for which the cream is recommended. Therefore, the request IS NOT medically necessary.