

Case Number:	CM14-0121933		
Date Assigned:	09/16/2014	Date of Injury:	11/28/2002
Decision Date:	07/10/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/01/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 63 year old male with an industrial injury dated 11/28/2002. The mechanism of injury is documented as a fall with injury to both shoulders and his left knee. His diagnoses included lumbar degenerative disc disease, lumbar facet arthropathy and status post left shoulder surgery. Prior treatment included 6 left knee surgeries and two left shoulder surgeries, acupuncture, physical therapy, cervical fusion and pain management. He presents on 06/16/2014 on a walk in basis regarding neck and low back complaints as well as upper extremity and lower extremity numbness and tingling. He rates his pain at 10/10 on the pain scale. He stated his pain was not improving at all at that time. He complained of nausea and gastrointestinal complaints with fevers, chills and sweats. He was currently utilizing Percocet 5/325 mg up to 3 per day for breakthrough pain. He states the Percocet allows him to do more activities and provide self-care. Physical exam noted the cervical spine was tender to palpation with severely decreased range of motion. There was decreased sensation in the left cervical 6, 7, and 8 dermatomes. Lumbar spine was also tender to palpation with decreased range of motion. CURES on 06/16/2014 showed the injured worker had received oxycodone from three different providers within the last 3 months which the provider documents as inconsistent. The provider documents the injured worker is no longer a candidate for opiates as this was the second breach in the pain management agreement. Treatment plan included topical Ketoprofen cream and a follow up visit. The injured worker was allergic to Naprosyn. The treatment requests are for CM3-Ketoprofen 20% cream and follow up visit (authorized).

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3-Ketoprofen 20% cream: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Ketoprofen 20% is a topical NSAID. The claimant was already on oral analgesics (Percocet). Length of Ketoprofen use was not specified. The application specifications were not provided and the use of Ketoprofen is not medically necessary.