

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0161968 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 10/10/2001 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 10/02/2014 |

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, has a subspecialty in Pain Medicine 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 injured worker is a 39-year-old male, with a reported date of injury of 10/10/2001. The result of injury was low back pain. The current diagnoses included lumbar radiculopathy, chronic intractable lumbar pain, low back pain, lumbar sprain, lumbosacral sprain, and spasm of muscle. Treatments have included electrodiagnostic studies; left L5-S1 epidural injection; Flexeril; Norco; and microdiscectomy in 2007. The progress report (PR-2) dated 09/15/2014 indicates that the injured worker complained of lower back pain and back spasms. He was able to continue working, and admitted to sleeping better, since his pain is controlled better. The injured worker rated his pain a 7.5 out of 10, without medications. On the day of the visit, he had a flare-up due to working long hours using improper tools. The pain radiated to the right and left legs, with numbness in the low back. The physical examination showed increased spasm of the left paraspinal muscle at L4-L5; bilateral tenderness of the L3-L5 paraspinal muscles; right sacroiliac joint tenderness; decreased range of motion; extension at 10 degrees; flexion at 40 degrees; bilateral lateral bending at 15 degrees; rotation at 20 degrees; decreased deep tendon reflexes in the right ankle; and a normal gait with a slight limp. The treating physician prescribed KCM cream to decrease the use of oral medications and non-steroidal anti-inflammatory drugs, to help to taper down the Norco with lidocaine, and for allodynia and dysesthesia pain. On 09/18/2014, Utilization Review (UR) denied the request for 10% KCM Cream 60mg. The UR physician cited the MTUS Guidelines, and noted that the injured worker was prescribed a topical KCM cream, which contains Ketoprofen, which is non-FDA approved for topical application.

IMR ISSUES, DECISIONS AND RATIONALES

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

KCM 10% cream 60mg: 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 Analgesics Page(s): 111-112.

Decision rationale: Regarding the request for topical Ketoprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Ketoprofen is not FDA approved for a topical application. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical Ketoprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical Ketoprofen is for short term use, as recommended by guidelines. Additionally, Ketoprofen is not FDA approved for a topical application. In the absence of clarity regarding those issues, the currently requested topical Ketoprofen is not medically necessary.