

Case Number:	CM14-0190139		
Date Assigned:	11/21/2014	Date of Injury:	04/17/2014
Decision Date:	02/12/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/14/2014

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 Emergency 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 36 year-old male who was originally injured on 4/17/2014 when he was pinned between a machine, used to bend rebar, and a steel table. A CT scan did not diagnose a fracture of the injured area. He was originally diagnosed with low back sprain and hematoma of the abdominal wall. Treatment initially included NSAIDs and physical therapy. The injured worker did not improve, and the treating physician requested evaluation by a general orthopedic spine surgeon, as well as MRI of the thoracic and lumbar spine. An encounter on 9/24/2014 with the orthopedic spine specialist requested CM3-Ketoprofen 20% and follow up in 6 weeks. This was denied by utilization review and was submitted for independent medical review. Follow-up visit with the treating physician on 10/6/2014 documented decreased sensation of the left S1 dermatome and decreased strength of the left lower extremity. An MRI was performed on 11/18/2014 which demonstrated degenerative disc disease and facet arthropathy with retrolisthesis L5-S1; L4-5 mild canal stenosis; L4-5 mild to moderate and L5-S1 mild left neural foraminal narrowing with contact of left S1 nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM-3-Ketoprofen cream 20%: 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: CM-3-Ketoprofen cream 20% is a non-steroidal anti-inflammatory drug in a topical formulation. Non-steroidal anti-inflammatory agents may be recommended for short-term use for joints that are amenable to topical treatment, including the knee and elbow. There is no evidence to support use in treatment of the spine, hip, or shoulder. Furthermore, per the MTUS guidelines, ketoprofen is not currently FDA approved for topical application. Therefore, use of ketoprofen topical is not supported by the MTUS guidelines and is not medically necessary.

Follow-up 6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310-315.

Decision rationale: The request is for follow-up with the orthopedic spine specialist who had been consulted when the patient did not initially improve. The orthopedic specialist had recommended conservative management, which did not lead to a functional improvement in the injured worker's symptoms. Per the ACOEM guidelines, chronic low back pain that does not improve after 4-6 weeks may be considered for imaging. In addition, if both physiologic and anatomic evidence of nerve root compression is present, then referral to a surgeon for specific recommendations is supported. The documentation available for review, including examination and imaging performed after utilization review; support the presence of radiculopathy in the setting of chronic low back pain. The MTUS guidelines support further evaluation and discussion with a specialist; therefore, this request is medically necessary.