

Case Number:	CM14-0191087		
Date Assigned:	11/24/2014	Date of Injury:	06/02/2012
Decision Date:	02/09/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal 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 (IW) is a 43-year-old woman with a date of injury of October 19, 2012. The mechanism of injury was documented as a cumulative trauma. The injured worker's working diagnoses are cervical herniated nucleus pulposus (HNP); cervical radiculopathy; rule out thoracic and lumbar HNP; rule out lumbar radiculopathy; and degeneration of the lumbar spine. Pursuant to the progress note dated September 11, 2014, the IW complains of neck, low back, and left shoulder pain which she rates 6/10. She has had 6 sessions of acupuncture, which is helping significantly. Examination of the spine reveals tenderness to palpation about the cervical, thoracic and lumbar spine. She has decreased range of motion in the cervical and lumbar spine, limited in all planes. Current medications include Ketoprofen 75mg, Norflex ER 100mg, and a trial of topical Ketoprofen cream. The treating physician is recommending MRI of the cervical and lumbar spine. The current request is for compound cream medication: CM3-Ketoprofen 20%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream medication CM3 Ketoprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, CM 3 Ketoprofen 20% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical Ketoprofen is not FDA approved for topical application. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnoses are cervical herniated nucleus pulposus; cervical radiculopathy; rule out thoracic and lumbar herniated disc; rule out lumbar radiculopathy. Topical Ketoprofen is not approved for topical application. Any compounded product that contains at least one drug (topical Ketoprofen) that is not recommended is not recommended. Consequently, CM 3 topical Ketoprofen 20% is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, CM 3 Ketoprofen 20% is not medically necessary.