

Case Number:	CM14-0208710		
Date Assigned:	12/22/2014	Date of Injury:	05/14/2003
Decision Date:	02/12/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/12/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 77 year old female presenting with a work related injury on 05/14/2003. The patient complained of ongoing pain in the sacroiliac joint as well as pain in the lower extremities. The pain is associated with weakness, decreased sensation and limited range of motion. The patient also reported locking in the sacroiliac joint. The patient has tried physical therapy. The physical exam on August 28, 2014 was significant for malalignment of the bilateral sacroiliac joints, decreased hamstring flexibility and positive straight leg raise test on the right side, right extensor houses longus is graded four out of five, sensation decreased, locking and catching are noted in the sacroiliac joint, limited range of motion with pain is noted. The patient was diagnosed with sacroiliac joint dysfunction. According to the medical records the patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen topical cream 10%: 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.

Decision rationale: Ketoprofen topical cream 10% is not medically necessary. According to the California MTUS chronic pain page 111, guidelines do not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, page 111 states that topical analgesics such as Ketoprofen are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical non-steroidal anti-inflammatory drugs (NSAIDs) for treatment of pain associated with the spine, hip or shoulder. The limitation of use was not specified in the medical records. Additionally, there was not documentation of a contraindication to oral NSAID use; therefore, compounded topical cream is not medically necessary.