

Case Number:	CM14-0208833		
Date Assigned:	12/22/2014	Date of Injury:	11/14/2005
Decision Date:	02/17/2015	UR Denial Date:	12/11/2014
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 Physical Medicine Rehab, 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 62-year-old male with an original date of injury on November 14, 2005. The injury occurred while the patient was working as a warehouseman. The industrially related diagnoses are lumbar radiculopathy, lower back pain, thoracic-lumbar neuritis or radiculitis, lumbar strain, and lumbar sacral sprain. The patient medical treatment included Neurontin, omeprazole, Anaprox, Remeron, Norco, Ketoprofen 20% topical, and tramadol. The patient has had a lumbar epidural steroid injection on March 6, 2014. The disputed issue is the request for refill of ketoprofen cream 20%. A utilization review on December 11, 2014 has non-certified this request. The rationale for denial was this agent is not currently FDA approved for topical application. The MTUS guidelines suggest these agents are "largely experimental" with limited control trials to determine efficacy or safety. Therefore this request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream 20% #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 OF 127.

Decision rationale: A progress note on February 10 2014 indicated the patient has started on Ketoprofen cream 20% to decrease the use of oral NSAIDs. However, there is no documentation of why patient cannot tolerate oral NSAIDs, or any side effects relating to oral NSAIDs. In subsequent follow up visits, there is no documentation of reduction a pain scale or improvement of function with the use of this particular medication. The Chronic Pain Medical Treatment Guidelines on page 112 state the following: "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000)" Therefore, this request is not medically necessary.