

Case Number:	CM14-0024081		
Date Assigned:	06/16/2014	Date of Injury:	04/04/1993
Decision Date:	02/25/2015	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 55 year old female with an injury date on 4/4/93. The patient complains of improved low lumbar pain due to stimulator/medications, right anterior leg numbness and stabbing pain in right foot per 12/18/13report. The patient's muscle spasms are helped by Flexeril, and the Norco every morning helps her functioning per 12/18/13 report. The patient also states that walking and yoga helps her, and the stimulator has allowed her to decrease her meds per 11/20/13 report. Based on the 12/18/13 progress report provided by the treating physician, the diagnoses are:1. post laminectomy syndrome, lumbar region2. osteoarthritis: generalized degenerative joint disease3. stiffness of joint not elsewhere classified involving multiple sites4. displacement of lumbar intervertebral disc without myelopathy5. lumbosacral degenerative disc disease6. lumbago7. trochanteric bursitis8. sacroiliac joint dysfunctionA physical exam on 12/18/13 showed "decreased range of motion of L-spine with extension at 20 degrees." The patient's treatment history includes medications, acupuncture (6 sessions), neurosurgical consult, home exercise program, E-stimulator, epidural steroid injection. The treating physician is requesting ketoprofen cream 20% 120mg x 2 bottles. The utilization review determination being challenged is dated 1/2/14. The requesting physician provided treatment reports from 7/31/13 to 12/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Cream 20% 120mg x 2 Bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams Page(s): 111.

Decision rationale: This patient presents with lower back pain, right leg/foot pain. The provider has asked for Ketoprofen Cream 20% 120mg x 2 Bottles on 12/18/13. The MTUS Chronic Pain Medical Treatment Guidelines specifically states, however, that Ketoprofen is not currently FDA approved for a topical application. In this case, the patient presents with a chronic pain condition. Given the lack of support from MTUS guidelines for this topical medication, the request is not medically necessary.