MAXIMUS Federal Services

Case Number:	CM14-0210725		
Date Assigned:	12/23/2014	Date of Injury:	05/07/2013
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/16/2014

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, Hawaii
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 74 year old female with date of injury 04/01/03. The treating physician report dated 10/20/14 indicates that the patient presents with pain affecting her shoulders, neck and back pain. She states that the shoulder pain is 7/10 and is worse on the right side than on the left. Her neck pain is 5/10 with no pain radiating down the arms. Her back pain is 0/10 and no pain radiating down the lower extremities. The physical examination findings reveal that there is decreased ROM of the cervical, thoracic, and lumbar spines are limited in all planes due to pain. MRI results from 1/23/14 of the lumbar and thoracic spine were completed. MRI results from 08/22/13 of the cervical spine were also completed. An EMG/NCV was completed for the upper extremities on 11/11/13. The utilization review report dated 11/24/14 denied the request for Ketoprofen based on the lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3 Ketoprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient presents with neck and back pain. The current request is for CM3 Ketoprofen 20%. The MTUS Guidelines support use of NSAID topicals for peripheral arthritis and tendonitis. However, MTUS also states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Ketoprofen is not currently FDA approved for a topical application. In this case, the current request is not supported by the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.