

Case Number:	CM14-0048050		
Date Assigned:	07/02/2014	Date of Injury:	07/17/2007
Decision Date:	02/25/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/16/2014

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

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 65 year old female with an injury date of 07/17/07. Based on the 01/17/14 progress report, the patient complains of chronic left hand pain. The patient appears very anxious and has left hand puffiness. The current medications are Katoprofen 10% Lidocaine 5%, Prevacid, Nortriptyline, and Lyrica. The diagnoses are: 1. Chronic pain state 2. Chronic headache 3. GERD/Dyspepsia 4. Anxiety 5. Depression 6. Insomnia 7. Recurrent aphthous ulcers, stress related-not currently present. The treating physician is requesting Ketoprofen 10%, plus Lidocaine 5% cream 120gm. The utilization review determination being challenged is dated 03/26/14. The requesting physician provided treatment reports from 09/19/13-01/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10% plus Lidocaine 5% cream 120gms: 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 Page(s): 111-112.

Decision rationale: This patient presents with left hand pain with depression and insomnia. The request is for Ketoprofen 10% plus Lidocaine 5% cream 120gm. MTUS Chronic Pain Medical Treatment Guidelines on pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS further states, "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." Per 1/17/14 report, the provider noted that the compound cream reduce the hand pain. However, the guideline does not support Ketoprofen as a topical agent, and Lidocaine is allowed only in patch formulation due to its risk profile. The request is not medically necessary.