

Case Number:	CM14-0061806		
Date Assigned:	07/09/2014	Date of Injury:	12/20/2001
Decision Date:	02/04/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational 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:

Patient is a 70 year-old female with date of injury 12/20/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/20/2014, lists subjective complaints as pain in the cervical spine. Objective findings: Examination of the cervical spine revealed bilateral tenderness to palpation was present diffusely at the suboccipital muscle insertions. Range of motion was normal with no pain with movement or positioning. Positive Spurling's bilaterally, right greater than left. Diagnosis: 1. Spinal enthesopathy 2. Chronic pain syndrome 3. Cervical radiculitis 4. Disc disorder of cervical region 5. Spinal stenosis in cervical region. The medical records supplied for review document that the patient was first prescribed the following medication on 04/08/2014. Requesting physician did not provide SIG. Medication: 1. Lidocaine/Ketoprofen/Versatile.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Ketoprofen/Versatile (RX dated 4/8/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The compound contains ketoprofen and is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and is not recommended by the MTUS. Lidocaine/Ketoprofen/Versatile (RX dated 4/8/14) is not medically necessary.