

Case Number:	CM14-0085406		
Date Assigned:	07/23/2014	Date of Injury:	11/02/2009
Decision Date:	01/23/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 51-year-old male who reported an injury on 11/02/2009. The mechanism of injury was not provided. His diagnoses were noted as cervical disc syndrome, lumbar spine disc syndrome, status post right shoulder surgery, rule out severe labral tear of right shoulder, and right shoulder rotator cuff syndrome. His past treatments were noted to include medication, surgery, weight loss program, home exercise, physical therapy, and epidural steroid injections. His diagnostic studies were not provided. His surgical history was noted to include right shoulder surgery (date not provided). During the assessment on 06/02/2014, the injured worker complained of neck, right shoulder, right elbow, and low back pain. He rated his neck pain at 7/10 to 8/10, his right shoulder and right elbow pain at 7/10, and his low back pain was rated 7/10. The physical examination of the cervical spine revealed flexion of 40 degrees, extension of 50 degrees, rotation bilaterally at 68 degrees, and lateral flexion bilaterally at 40 degrees. The physical examination of the lumbar spine revealed normal flexion, extension of 18 degrees, and lateral flexion bilaterally of 18 degrees. The physical examination of the right shoulder revealed flexion of 100 degrees, extension of 30 degrees, abduction of 90 degrees, adduction of 40 degrees, internal rotation of 90 degrees, and external rotation of 70 degrees. The physical examination of the left shoulder revealed flexion of 110 degrees, extension of 35 degrees, abduction of 95 degrees, adduction of 40 degrees, internal rotation of 90 degrees, and external rotation of 70 degrees. Range of motion was limited by pain and spasm in all directions bilaterally. His medications were noted to include Flexeril, tramadol, and topical creams (doses and frequencies were not provided). The treatment plan and rationale were not provided. The Request for Authorization form was dated 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 of 5 Ketoprofen 20%/Ketamine 10% 120gms, Cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, Ketamine Non FDA-approved agents: Ketoprofen:.

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

Decision rationale: The request for 4 of 5 ketoprofen 20%/ketamine 10% 120 grams cervical and lumbar spine is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least 1 drug that is not recommended, is not recommended. The requested compounded cream contains ketoprofen and ketamine. In regard to ketoprofen, the guidelines state that topical NSAIDs may be useful for osteoarthritis and tendinitis, in particular, that of the knee and elbow and other joints that amenable to topical treatment for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The use of topical NSAIDs is not recommended for neuropathic pain as there is no evidence to support use. Topical ketoprofen is currently not FDA approved for topical application. In regard to ketamine, the guidelines state that it is only recommended for the treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. There was a lack of subjective complaints of neuropathic pain and adequate documentation regarding a failure of antidepressants and anticonvulsants. There was no documentation indicating the injured worker had osteoarthritis or tendinitis to a joint amenable to topical treatment to justify the need for a topical NSAID. There was no rationale indicating why the injured worker would require a topical cream versus oral medication. The dose, quantity, and frequency for the proposed medication were also not provided. Given the above, the request is not medically necessary.