

Case Number:	CM15-0003541		
Date Assigned:	01/15/2015	Date of Injury:	01/11/2008
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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 & Rehabilitation

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 52 year old male, who sustained an industrial injury on January 11, 2008. The injured worker had reported low back pain, bilateral shoulder pain and lumbar spine pain. The diagnoses have included low back pain, cervical spine herniated disc, left shoulder osteoarthritis, right shoulder rotator cuff tear, lumbar spine degenerative disc disease and facet joint hypertrophy. Treatment to date was not provided in the medical records. Current documentation dated November 14, 2014 notes that the injured worker complained of burning, radicular neck pain with muscle spasms. Associated symptoms include numbness and tingling of the bilateral upper extremities. The pain was rated a six out of ten on the Visual Analogue Scale. He also reported burning bilateral shoulder pain with radiation down the arms to the fingers. Associated symptoms were spasms and weakness. The shoulder pain was rated a seven out of ten on Visual Analogue Scale. The injured worker also complained of burning, radicular low back pain with muscle spasms. Associated symptoms were radiation down the bilateral lower extremities. The pain was rated a six out of ten on the Visual Analogue Scale. Physical examination of the cervical spine, lumbar spine and bilateral shoulders revealed tenderness and decreased range of motion. The injured worker had difficulty with sleeping due to the pain. On December 12, 2014 Utilization Review non-certified a request for Ketoprofen Cream 20%, 165 grams. The MTUS, Topical Analgesic Guidelines were cited. On January 15, 2015, the injured worker submitted an application for IMR for review of Ketoprofen Cream 20%, 165 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Cream 20% 165 grams apply three times a day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Submitted reports have not adequately documented the indication and necessity of this topical analgesic for this 2012 injury with chronic pain whereby the patient is already taking multiple other oral pain medications. There is no demonstrated functional improvement from ongoing refills of medication. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. Of particular note, Ketoprofen cream is an agent not currently FDA approved for a topical application due to an extremely high incidence of photocontact dermatitis. The Ketoprofen Cream 20% 165 grams apply three times a day for the lumbar spine is not medically necessary and appropriate.