

Case Number:	CM15-0005280		
Date Assigned:	02/26/2015	Date of Injury:	09/05/2012
Decision Date:	04/07/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/09/2015

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 47-year-old male, who sustained an industrial injury on 9/5/12. He has reported pain in the lower back. The diagnoses have included lumbosacral neuritis, lumbar stenosis and lumbar disc displacement. Treatment to date has included physical therapy, spinal decompression and fusion surgery and oral medications. As of the PR2 dated 12/2/14, the injured worker reports 7/10 pain in the lumbar spine that increases with every activity. The treating physician requested a compound cream of Ketoprofen 4% #1. On 12/12/14 Utilization Review non-certified a request for a compound cream of Ketoprofen 4% #1. The utilization review physician cited the MTUS guidelines for topical analgesics. On 12/15/14, the injured worker submitted an application for IMR for review of a compound cream of Ketoprofen 4% #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Ketoprofen 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Ketoprofen Page(s): 112.

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

Decision rationale: This patient presents with chronic low back pain. The current request is for COMPOUND CREAM KETOPROFEN 4%. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." Therefore, the entire compound topical cream is rendered invalid. This topical compound medication IS NOT medically necessary.