

Case Number:	CM15-0100810		
Date Assigned:	06/03/2015	Date of Injury:	09/02/2008
Decision Date:	07/09/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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: Preventive Medicine, Occupational Medicine

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 69 year old male, who sustained an industrial injury on 9/2/2008. The current diagnoses are chronic back pain, lumbar radiculopathy, and peripheral neuropathy versus plantar fasciitis. Comorbid conditions include diabetes. Treatment has included chiropractic therapy and medications. According to the progress report dated 4/3/2015, the injured worker complained of constant, aching low back pain with radiation down the bilateral lower extremities to the level of his toes, associated with cramping in his calves, right worse than left. He also had numbness to bilateral feet. Since his last visit, he stated his symptoms have slightly improved. The pain was rated 4/10 on a subjective pain scale. The physical examination revealed antalgic gait, tenderness to palpation over the lumbar spine with spasms, decreased range of motion, diminished sensation in the bilateral L3 through S1 dermatomes, and positive straight raise leg test bilaterally. The current medications are Flexeril, Tramadol, and Capsaicin cream. Treatment to date has included medication management and chiropractic (moderate relief). The plan of care includes prescriptions for CM3-Ketoprofen 20% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3-Ketoprofen 20% Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Topical Analgesics Page(s): 67-73, 111-13. Decision based on Non-MTUS Citation FDA list of Approved Medications available at: <http://www.accessdata.fda.gov/scripts/cder/ob/docs/tempai.cfm>.

Decision rationale: Ketoprofen cream is a non-steroidal anti-inflammatory (NSAIDs) medication formulated for topical use. The systemic form of this medication is indicated for treatment of mild to moderate pain. Topical NSAIDs have been effective in short-term use trials for chronic musculoskeletal pain but long-term use has not been adequately studied. In general, the use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use. Although most topical analgesics are recommended for treatment of neuropathic pain, topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis in joints amenable to its use, such as the knee or elbow. There is little evidence to support its use in treating inflammatory conditions of the hip or spine such as diagnosed for this patient. The MTUS notes that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend use of topical ketoprofen because it is not FDA approved for this use. Medical necessity for use of this formulation of ketoprofen has not been established.