

Case Number:	CM15-0104785		
Date Assigned:	06/09/2015	Date of Injury:	01/20/2008
Decision Date:	07/10/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/01/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 68-year-old female, who sustained an industrial injury on 1/20/08. She has reported initial complaints of a back injury. The diagnoses have included multi-level Herniated Nucleus Pulposus (HNP) of the cervical and lumbar spine with stenosis, Herniated Nucleus Pulposus (HNP) of the thoracic spine with stenosis, cervical and lumbar radiculopathies, Nonsteroidal anti-inflammatory drug induced gastritis and lumbar facet arthropathy. Treatment to date has included physical therapy, diagnostics, lumbar epidural steroid injection (ESI), surgery, acupuncture, chiropractic, aqua therapy and medications. Currently, as per the physician progress note dated 5/4/15, the injured worker complains of pain in the neck radiating to the shoulders and down the arms and hands with numbness in the bilateral hands. She has constant pain in the low back that radiates to the bilateral extremities to the feet with numbness, tingling and right sided lower back spasms. She complains of left knee pain and had a left knee replacement on 2/27/15. She reports that the medications are beneficial and make the pain tolerable. The physical exam reveals that gait is antalgic, she ambulates with a single point cane, there is tenderness to palpation over the lumbar spine, bilateral lumbar paraspinals, and tenderness over the bilateral trapezius muscles with spasm noted. The cervical, thoracic and lumbar range of motion is decreased in all planes with pain. There is decreased sensation to bilateral C6-C7 and L5-S1 dermatomes to pinprick and light touch. There is positive facet loading to the right with tenderness to palpation to the facet lower lumbar spine. The current medications included Norco, Neurontin, Flexeril, Prilosec and Lidopro cream. The urine drug

screen dated 11/20/14 was inconsistent with the medications prescribed. The physician requested treatment included Compound cream - CM3 Ketoprofen 20%, quantity of 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream - CM3 Ketoprofen 20% , Qty: 1.00: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Ketoprofen topical is not recommended by MTUS for pain management. Therefore, the request for Compound cream - CM3 Ketoprofen 20% is not medically necessary.