

Case Number:	CM15-0016479		
Date Assigned:	02/03/2015	Date of Injury:	09/29/2001
Decision Date:	04/16/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/27/2015

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, Pain Management

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 56 year old female, who sustained an industrial injury on 9/29/01. The injured worker has complaints of middle of the cervical spine with radiation into the shoulder and left arm with neck pain along with intermittent headache. The diagnoses have included neck sprain and strain; brachial neuritis or radiculitis; degeneration of cervical intervertebral disc and other pain related psychological factors. The documentation noted that the injured worker had epidural injections with pain slowly starting to increase. Magnetic Resonance Imaging (MRI) showed C4-6 bulges, impinging on spinal cord. Urine drug testing on 11/25/13 was inconsistent with the injured worker prescribed medications. According to the utilization review performed on 1/8/15, the requested Norco 10/325mg #90; Gabapentin 600mg #90; Flexeril 7.5mg #60; Lidocaine 5% patches #30 (3 refills) and Ultracet 37.5mg #90 has been certified. The requested Ketoprofen cream 200% #2 has been non-certified. California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream 200% #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 112 state the following regarding topical ketoprofen: "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000)" Given this, this request is not medically necessary.