

Case Number:	CM15-0017694		
Date Assigned:	02/05/2015	Date of Injury:	03/18/1997
Decision Date:	05/01/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 52-year-old male, who sustained an industrial injury on March 18, 1997. The diagnosis is medial left foot pain. A progress note dated December 10, 2014 provides the injured worker complains of left foot pain. He reports physical therapy and Voltaren gel are ineffective and would like to try Ketoprofen cream. On January 7, 2015 utilization review non-certified a request for 1 Prescription for Ketoprofen Cream. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Ketoprofen Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Ketoprofen cream is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Diclofenac is the only available FDA approved topical nonsteroidal anti-inflammatory drug. Ketoprofen is not FDA approved. Ketoprofen topical has an extremely high incidence of photo-contact dermatitis and photosensitization reactions. In this case, the injured worker's working diagnosis is medial left pain, recurrent after resolution in 2010. Ketoprofen is not FDA approved. Any compound product that contains at least one drug (topical ketoprofen-not FDA approved) that is not recommended is not recommended. Consequently, topical ketoprofen cream is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, one prescription Ketoprofen cream is not medically necessary.