

Case Number:	CM15-0130299		
Date Assigned:	07/16/2015	Date of Injury:	07/29/2000
Decision Date:	08/13/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/06/2015

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 (IW) is a 55-year-old male who sustained an industrial injury on 07/29/2000. Diagnoses include lumbar facet arthropathy; lumbar myofascial strain; lumbago; lumbar stenosis; and lumbar radiculitis. Treatment to date has included medication, physical therapy, home exercise, epidural steroid injection, chiropractic, TENS unit and acupuncture. Medications, TENS and PT were beneficial. According to the progress notes dated 5/5/15, the IW reported increased pain in the right low back for two weeks and aching pain in the left low back. He reported numbness radiating down the posterior right leg. The IW stated the right leg wanted to "give out" when transitioning from sitting to standing. Pain was rated 10/10 and 9/10 on average. He denied benefits from medications. On examination, reflexes were decreased in the bilateral lower extremities. There was hypertonicity in the paraspinal muscles from L4 to S1 on the right. Extension of the lumbar spine was limited, but improved since the previous visit. Facet loading was positive on the right. The notes indicated electrodiagnostic testing of the bilateral lower extremities on 12/6/11 showed possible left L5-S1 radiculopathy. MRI of the lumbar spine on 1/28/12 found degenerative disc disease, facet arthropathy and canal stenosis and neural foraminal narrowing at all levels. A request was made for Ketoprofen 20% for pain relief over the paraspinal muscles while limiting oral medications and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Ketoprofen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for ketoprofen, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." Within the documentation available for review, none of the aforementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested ketoprofen is not medically necessary.