

Case Number:	CM15-0132013		
Date Assigned:	07/20/2015	Date of Injury:	05/23/2013
Decision Date:	08/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/08/2015

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 York

Certification(s)/Specialty: Emergency 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 64-year-old male, who sustained an industrial injury on 5/23/2013. The current diagnoses are multi-level foraminal stenosis, greatest at L5 with radiculopathy. According to the progress report dated 5/4/2015, the injured worker complains of low back pain with lower extremity symptoms, left greater than right. The pain is rated 7/10 on a subjective pain scale. The physical examination of the lumbar spine reveals tenderness, limited range of motion, and positive straight leg raise test bilaterally. The current medications are Tramadol, Ibuprofen, Bupropion, and Gabapentin. Treatment to date has included medication management, physical therapy, home exercise program, lumbar support, TENS unit, and epidural steroid injection. An MRI from 7/10/2013 showed multi-level neural foraminal narrowing. Work status is described as temporarily partially disabled. Plan of care includes lumbar decompression surgery on 6/8/2015. A request for Ketoprofen 10% has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10% in base 300gm with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines topical analgesics are recommended as an option as indicated below. "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Additionally, guidelines state, "topical non-steroidal anti inflammatory medications are not supported by the MTUS for spine issues. In addition, the guidelines note Ketoprofen agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact 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." In this case, the guidelines do not support topical NSAIDs for spine issues. In addition, Ketoprofen is not FDA approved for topical application. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Ketoprofen is not medically necessary.