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| Case Number: | CM15-0132701 | | |
| Date Assigned: | 07/20/2015 | Date of Injury: | 07/23/2006 |
| Decision Date: | 08/20/2015 | UR Denial Date: | 06/26/2015 |
| Priority: | Standard | Application Received: | 07/09/2015 |

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on 7/23/2006. The mechanism of injury was not noted. The injured worker was diagnosed as having status post lumbar decompression left L4-5, rule out lumbar intradiscal component-mass effect, rule out lumbar radiculopathy, cervical pain with upper extremity symptoms, left shoulder pain, rule out impingement-rotator cuff pathology, and bilateral knee pain. Treatment to date has included diagnostics, lumbar spinal surgery, and medications. On 4/20/2015, the injured worker complains of low back pain with left lower extremity symptoms, rated 7/10, cervical pain with left greater than right upper extremity symptoms, and left shoulder pain, rated 6/10. Inquiry was noted for topical non-steroidal anti-inflammatory drug, with recall of successful trial. Failed Celebrex was noted. Medications included Norco and Ambien. The treatment plan included topical non-steroidal anti-inflammatory drug, Ketoprofen, for chronic pain and inflammation. Again, on 5/18/2015, topical Ketoprofen was requested. Urine toxicology (4/20/2015) was inconsistent. Work status was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication Ketoprofen 300gm with 3 refills: Upheld

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

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

Decision rationale: The patient presents with pain affecting the lumbar and cervical spine. The current request is for Compound medication Ketoprofen 300mg with 3 refills. The treating physician states in the report dated 4/20/15, "Recall trial of topical NSAID did facilitate 5 point diminution in low back pain and cervical pain as well as 30% improved tolerance to standing and walking as well as diminution in medication consumption." (29B) The MTUS Guidelines only support use of NSAID topicals for peripheral arthritis and tendonitis. Additionally, the MTUS guidelines state the FDA does not support Ketoprofen as a topical application. In this case, the treating physician has not documented that the patient has peripheral joint arthritis or tendonitis and has requested a treatment that is not supported by the MTUS guidelines. The current request is not medically necessary.