

Case Number:	CM15-0133221		
Date Assigned:	07/21/2015	Date of Injury:	09/28/2009
Decision Date:	08/18/2015	UR Denial Date:	06/10/2015
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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61-year-old female who sustained an industrial injury on 9/28/2009. She reported feeling a pop in her back while mopping a floor. The injured worker was diagnosed as having right sacroiliac dysfunction, lumbar myofascial strain, lumbago, bilateral lower extremity edema, failed back surgery syndrome status post lumbar fusion, lumbar spinal stenosis, lumbar herniated nucleus pulposus, and lumbar facet hypertrophy. Comorbid conditions included obesity (BMI 38). Treatment to date has included surgery (lumbar fusion L3-S1 12/16/2010), chiropractic therapy, physical therapy, lumbar transforaminal epidural steroid injections, transcutaneous electrical nerve stimulation unit, and medications. She has not worked since 2010. There are no recent imaging studies. In the providers progress note dated 6/15/2015 the injured worker complained of continued burning pain in her low back, right foot drop and persistent numbness in both feet. She rated pain 8/10. She was currently using Butrans, Xarelto, Lyrica, and Cymbalta. On exam, she had an antalgic gait, lumbar paraspinal tenderness, limited lumbar range of motion, decreased sensation in the L3-S1 dermatomes and positive straight leg raise on the left. The treatment being contested is the use of Ketoprofen cream to help limit the need for oral medications and a right sacroiliac joint injection for treatment of right sacroiliac joint dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical CM3-Ketoprofen cream 20%; unspecified quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Topical Analgesics Page(s): 67-73, 111-13. Decision based on Non-MTUS Citation FDA list of Approved Medications & available at: <http://www.accessdata.fda.gov/scripts/cder/ob/docs/tempai.cfm>.

Decision rationale: CM3-Ketoprofen cream is a non-steroidal anti-inflammatory (NSAIDs) medication formulated for topical use. The systemic form of this medication is indicated for treatment of mild to moderate pain. Topical NSAIDs have been effective in short-term use trials for chronic musculoskeletal pain but long-term use has not been adequately studied. In general, the use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use. Although most topical analgesics are recommended for treatment of neuropathic pain, topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis in joints amenable to its use, such as the knee or elbow. There is little evidence to support its use in treating inflammatory conditions of the hip or spine. This patient has been diagnosed with lumbar spine pain with associated neuropathic pain. Since the patient does not have a medical condition associated with osteoarthritis or tendon inflammation, the use of this medication is not indicated. Also, the MTUS does not recommend use of topical ketoprofen because it is not FDA approved for this use. Considering all the above information, medical necessity for use of this formulation of ketoprofen has not been established.

Injection, for the right sacroiliac joint QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): Chp 3, pg 48-9; Chp 12, pg 300, 309. Decision based on Non-MTUS Citation American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations Source: <http://www.guideline.gov/content.aspx?id=45379#Section420>.

Decision rationale: There is limited research-based evidence or random controlled studies to endorse or disapprove use of corticosteroid injections for care of sacroiliac pain. According to ACOEM and American Society of Interventional Pain Physicians guidelines, injection of these medications should be reserved for patients who do not improve with more conservative therapies. There is better research-based evidence to consider cooled radiofrequency neurotomy when considering more invasive sacroiliac treatments. The crux of the decision for this patient is whether or not the patient has been given an adequate trial of non-invasive treatment before

moving on to injection therapies. At the office visit where the request was made for a SI joint injection the provider requested 10 weeks of physical therapy to stabilize the joint, thus, the patient obviously has not been given an adequate trial of non-invasive therapy. At this point in this patient's care, medical necessity for this procedure has not been established.