

Case Number:	CM15-0133543		
Date Assigned:	07/21/2015	Date of Injury:	09/29/2012
Decision Date:	08/25/2015	UR Denial Date:	06/04/2015
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, Texas, New Mexico
Certification(s)/Specialty: Anesthesiology

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 23-year-old male, who sustained an industrial injury on 9/29/2012. He reported acute low back pain from lifting activity. Diagnoses include lumbar degenerative disc disease and lumbar radiculitis. Treatments to date include oral and topical medication therapy, physical therapy, and epidural steroid injections. Currently, he complained of pain in the low back down the right leg associated with weakness and giving way. Current medications included a topical compound. On 4/28/15, the physical examination documented an antalgic gait, pain in the right side of the back and a positive right side straight leg raise test. The plan of care included Ketoprofen/Capsaicin 15%/0.25% topical compound creased 120gms; and Ibuprofen 800mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen.Capsaicin 15% 0.25 % #120: Upheld

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

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

Decision rationale: In general, topical analgesics are largely experimental and primarily recommended for neuropathic pain per MTUS Guidelines. Capsaicin specifically is recommended as an option on patients who have not responded to other treatments. Ketoprofen is an NSAID and not FDA approved for topical application. Per MTUS Guidelines, any product that is compounded and contains at least one drug that is not recommended is not recommended. Therefore, the above listed issue is considered not medically necessary.

Ibuprofen 800 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47, 299, Chronic Pain Treatment Guidelines Anti-inflammatory medications, Ibuprofen Page(s): 22, 51, 67-72.

Decision rationale: This is a review for the requested Ibuprofen 800 mg #60. According to MTUS guidelines, NSAID's are recommended as an option for short-term symptomatic relief in low back pain. This recommendation is with caution and should be used for the shortest duration of time consistent with the patient's treatment goals and lowest effective dose. In addition, studies have shown that when NSAID's are used for more than a few weeks they can perhaps cause hypertension and impede or impair bone, muscle or connective tissue healing. This patient reports memory loss and blurred vision with medication. It is unclear if this is consistent with past utilization of NSAID medication. NSAID's can have central nervous system side effects over time. For these reasons, the above listed issue is not medically necessary.