

Case Number:	CM15-0137610		
Date Assigned:	07/29/2015	Date of Injury:	05/08/2013
Decision Date:	09/24/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 31 year old male who sustained an industrial injury on 05/08/2013 resulting in injury to the low back after stepping in a hole and falling backwards. Treatment provided to date has included: 10 sessions of physical therapy with minimal benefit; 10 sessions of chiropractic manipulation which increased pain; 10 sessions of acupuncture which provided relaxation; medications; and conservative therapies/care. Diagnostic tests performed include: EMG/NCV (electromyography/nerve conduction velocity) testing with normal results (per the progress reports); and MRI of the lumbar spine (2013) showing mild disc degeneration and a small left paracentral disc at L5-S1 per the progress reports). There were no noted comorbidities or other dates of injury noted. On 05/21/2015, physician progress report noted complaints of left low back pain with left lower extremity radicular symptoms. The pain was rated 5/10 in severity, and was described as aching and intermittent, with radiating pain across the low back, and numbness and tingling in the left buttock and lower extremity. Current medications include naproxen, Prilosec and gabapentin. The injured worker reported that the medication help reduce his pain from 5/10 to 3/10 and allow for better sleep. The physical exam revealed absent left Achilles tendon reflex, positive straight leg raise on the left, positive left Bowstring sign, slightly decreased strength in the left plantar flexion, hypertonicity in the left paraspinals at L3-S1, and tenderness to palpation over the left paraspinals at L3-S1. The provider noted diagnoses of left lumbar radiculopathy, left lumbar facet arthropathy, lumbar myofascial strain, lumbar degenerative disc disease, and lumbago. Plan of care included continued medications (gabapentin for neuropathic pain, and naproxen), new prescription for Ketoprofen cream to

reduce the need for oral medications, continued home exercises, left transforaminal epidural steroid injection to the lumbar spine, and follow-up in 8 weeks. The injured worker's work status was not mentioned. The request for authorization and IMR (independent medical review) includes retrospective request for: 1 container of CM3 Ketoprofen 20% cream (DOS 05/21/2015), naproxen sodium 550mg #60 (DOS 05/21/2015) and gabapentin 600mg #90 (DOS 05/21/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 container of CM3 Ketoprofen Cream 20% DOS: 5/21/15:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112.

Decision rationale: Request: Retrospective request for 1 container of CM3 Ketoprofen Cream 20% DOS: 5/21/15. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, 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. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided intolerance or contraindication to oral medications was not specified in the records provided. Ketoprofen is a NSAID. Per the cited guidelines, "Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." Per the cited guidelines, non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ketoprofen is not recommended in this patient. The medical necessity of the Retrospective request for 1 container of CM3 Ketoprofen Cream 20% DOS: 5/21/15 is not fully established in this patient.