

Case Number:	CM15-0138629		
Date Assigned:	07/28/2015	Date of Injury:	09/13/2011
Decision Date:	09/02/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54-year-old man sustained an industrial injury on 9/13/2011. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 10/15/2013, thoracic spine MRI dated 10/15/2013, and electrodiagnostic studies dated 9/11/2013. Diagnoses include lumbar disc herniations, facet arthropathy of the lumbar spine, and multilevel disc herniations of the thoracic spine. Treatment has included oral and topical medications, chiropractic care, home exercise program, acupuncture, Toradol injections, and TENS unit for home use. Physician notes dated 5/13/2015 show complaints of increased pain to the low back and bilateral lower extremities rated 8/10 with weakness and instability to the left knee. The worker states the left knee has given out, causing falls. Recommendations include withdrawal of request for lumbar spine MRI, TENS unit supplies, urine drug screen, pain management consultation, Norco, Ketoprofen cream, please send AME report, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3 Ketoprofen 20% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: With regard to topical Ketoprofen, the MTUS CPMTG states "This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo-contact dermatitis." (Diaz, 2006) (Hindsen, 2006) Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As ketoprofen is not approved for topical application, the request is not medically necessary.