

Case Number:	CM15-0144226		
Date Assigned:	08/05/2015	Date of Injury:	02/09/2010
Decision Date:	09/01/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/24/2015

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: 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 54 year old female who sustained an industrial injury on 02/09/2010. She reported ongoing symptoms in the left foot. The injured worker was diagnosed as having a left foot second web space Morton's neuroma with persistent pain, rule out stump neuroma. Treatment to date has included radiologic testing including MRI, and surgery to excise a Morton's neuroma, and a re-do of the left foot second web space stump recurrent neuroma. Currently, the injured worker complains of increased random pain in the foot. Discomfort is constant and barefoot is painful. On examination, the surgical wound is healed but tender dorsally and in the plantar region. A request for authorization was made for the following:
Ketoprofen cream 150gm #1 tube

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream 150gm #1 tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. There is no documentation of medical indication of topical agent when the patient is tolerating oral medications. Topical compound analgesics are not recommended by MTUS Guidelines as largely experimental with few randomized control trials to determine its efficacy or safety. Of particular note, Ketoprofen cream is an agent not currently FDA approved for a topical application due to an extremely high incidence of photocontact dermatitis. The Ketoprofen cream 150gm #1 tube is not medically necessary and appropriate.