

Case Number:	CM15-0146025		
Date Assigned:	08/06/2015	Date of Injury:	10/29/2014
Decision Date:	09/10/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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, New York, 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 applicant is a represented 30-year-old who has filed a claim for chronic low back and elbow pain reportedly associated with an industrial injury of October 29, 2014. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve a request for a ketoprofen- containing topical compound. The claims administrator referenced an RFA form received on July 1, 2015 in its determination, along with a progress note of June 3, 2015. The applicant's attorney subsequently appealed. On June 3, 2015, Norco, Ativan, Zoloft, and topical compounds were endorsed while the applicant was placed off of work, on total temporary disability, owing to a variety of issues, including chronic low back pain, elbow pain, anxiety, depression, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto ointment 120gm (unspecified quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Non FDA-approved agents: Ketoprofen Page(s): 112.

Decision rationale: No, the request for a topical-compounded ketoprofen-containing ointment was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketoprofen is not FDA approved for topical application purposes. Here, the attending provider failed to furnish a clear or compelling rationale for provision of topical ketoprofen in the face of the unfavorable MTUS and FDA positions on the same. The applicant's ongoing usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals (such as Norco), furthermore, effectively obviated the need for the topical ketoprofen-containing ointment in question. Therefore, the request was not medically necessary.