

Case Number:	CM15-0161333		
Date Assigned:	08/27/2015	Date of Injury:	07/29/2011
Decision Date:	10/02/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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: 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 [REDACTED] beneficiary who has filed a claim for chronic knee, elbow, wrist, and neck pain reportedly associated with an industrial injury of July 29, 2011. In a Utilization Review report dated July 31, 2015, the claims administrator failed to approve a request for a ketoprofen-containing cream. The claims administrator referenced an RFA form received on July 1, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On July 1, 2015, the applicant reported multifocal complaints of neck, low back, shoulder and knee pain with derivative complaints of sleep disturbance. Multiple topical compounds, dietary supplements and oral suspensions were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 165gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketoprofen Page(s): 112.

Decision rationale: No, the request for a ketoprofen cream was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the article in question, is not currently FDA approved for topical application purposes. The attending provider failed to furnish a clear or compelling rationale for selection of this particular agent in the face of the unfavorable MTUS and FDA positions on the same. Therefore, the request is not medically necessary.