

Case Number:	CM15-0168430		
Date Assigned:	09/09/2015	Date of Injury:	08/11/2011
Decision Date:	10/14/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/26/2015

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 67 year old female, who sustained an industrial injury on 8-11-2011. Diagnoses include facet arthropathy at L4-5 and L5-S1, chronic pain syndrome, sacroiliac joint dysfunction and lumbar herniated nucleus pulposus. Treatment to date has included conservative measures including diagnostics, 22 sessions of chiropractic treatment, 8 sessions of physical therapy, 14 sessions of acupuncture, epidural steroid injection (3-23-2012), trigger point injections, home exercise, medications, transcutaneous electrical nerve stimulation (TENS), and ice application. She received a right sacroiliac joint injection on 3-13-2015 which provided an additional 33% relief for the lower back. She also received a cortisone injection in the Piriformis on 4-20-2015 and reports 33 % improvement in symptoms. Per the Primary Treating Physician's Progress Report dated 5-15-2015, the injured worker presented for follow-up of low back pain. She reported that since her last visit, her low back pain and right lower extremity symptoms have improved. She reported that her low back pain was rated as 1 out of 10 in severity with radiation to the right leg and foot. This is an improvement in her pain level from her last visit on 4-20-2015 when her pain was rated as 4 out of 10. Objective findings included a mildly antalgic gait. She had mild tenderness to palpation of the lumbar spine. There were hyperesthesia of the right L5 and S1 dermatomes. The plan of care included oral and topical medications. On 8-11-2015, Utilization Review denied the request for Ketoprofen 20% and Lyrica 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM-3 Ketoprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The current request is for CM-3 Ketoprofen 20%. Treatment to date has included conservative measures including 22 sessions of chiropractic treatment, 8 sessions of physical therapy, 14 sessions of acupuncture, epidural steroid injection (3-23-2012), trigger point injections, home exercise, medications, transcutaneous electrical nerve stimulation (TENS), right sacroiliac joint injection, and ice application. The patient's work status is deferred to PTP. The MTUS Chronic Pain Guidelines 2009, page 111 under Topical Analgesics section: "Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". MTUS page 111 also states "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis". Per report 05/15/15, the patient presents with chronic low back pain and radiation to the right leg and foot. Objective findings included a mildly antalgic gait. She had mild tenderness to palpation of the lumbar spine. There was hyperesthesia of the right L5 and S1 dermatomes. The plan of care included refill of Ketoprofen 20% topical "for use over the ischial bursae and right SI joint to reduce the need for oral medications". The requested Ketoprofen topical is not an approved agent for topical application, per MTUS. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.