MAXIMUS Federal Services

Case Number:	CM15-0186937		
Date Assigned:	09/28/2015	Date of Injury:	09/19/2000
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/22/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 67 year old female with an industrial injury date of 09-19-2000. Medical record review indicates she is being treated for lumbar radiculopathy, degenerative disc disease of the lumbar spine, grade 1 spondylolisthesis and ongoing bilateral knee complaints. Subjective complaints (07-31-2015) included "aching and stabbing pain" across the belt line primarily on the left side. Other associated complaints included difficulty with balance, numbness, tingling, weakness and pain radiating throughout the bilateral extremities to knee, left worse than right. She also complained of right ankle pain and numbness. Her pain rating is documented as 7-8 out of 10. The injured worker also complained of neck pain described as "constant, aching pain and soreness" left side greater than right. "She has difficulty carrying objects heavier than 5 pounds and opening bottles due to weakness. Her pain rating for the neck is documented as 7-8 out of 10. Work status (07-31-2015) is documented as "modified duty." "If no modified work is available, employer must keep employee off work unless, and until, such modified work is made available." Physical exam (07-31-2015) revealed "markedly antalgic" gait and ambulation with a front wheel walker. Tenderness was noted to palpation of the lumbar spine. Hoffman's test was positive. Straight leg raising on the left caused increased pain extending the leg. Sensation is documented as "decreased sensation of the right lumbar 5 dermatomes." Prior treatments are documented as physical therapy (8 sessions), aqua therapy (3 sessions), TENS unit, epidural steroid injection, right ankle cortisone injection and medications Norflex ER, Naproxen , Prilosec, capsaicin cream, Lidoderm patches (documented in the 06-19-2015 note) and 8 days treatment at a rehabilitation hospital. Her current medications were Gabapentin 600

mg 2-3 times daily, Cymbalta 60 mg 1 tablet daily, Tizanidine 4 mg 3 tablets daily, Percocet 5-325 1 - 2 times a day and Ketoprofen cream as needed (“moderate relief.") The treating physician documented: "The patient states these medications helped decrease her pain by 50% for 6-8 hours." "She states these medications allow her to increase her activities of daily living." "Patient denies side effects from medications." In the 07-31-2015 note the treating physician documented the injured worker was to continue Ketoprofen cream for pain. Medical record review does not indicate a starting date for Ketoprofen. The treatment request is for Ketoprofen 20% cream. On 08-26-2015 the request for Ketoprofen 20% cream was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream: 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): Medications for chronic pain, Topical Analgesics.

Decision rationale: The claimant sustained a work injury in September 2013 and is being treated for low back pain. In May 2015 she had increased pain and was seen in an Emergency Room and received inpatient rehabilitation for 8 days. Treatments have included aquatic therapy. Transforaminal epidural steroid injections were performed on 07/02/15. When seen, her symptoms had slightly increased. There had been 1-2 days of temporary relief after the injection. She had completed 3 aquatic therapy sessions. Physical examination findings included a markedly antalgic gait with use of a walker. There was lumbar tenderness with decreased right lower extremity sensation and bilateral lower extremity strength. Left straight leg raising was positive. There was hyperreflexia with positive Hoffmann's testing. Ketoprofen cream was continued. It was not a listed medication or referenced as part of the treatment plan at the visit less than one month before. Indications for the use of a topical non-steroidal anti-inflammatory medication include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photocontact dermatitis. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac, which could be considered as a treatment option. The requested Ketoprofen 20% cream is not considered medically necessary.