

Case Number:	CM15-0190927		
Date Assigned:	10/05/2015	Date of Injury:	11/19/2013
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/28/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 49 year old female, who sustained an industrial injury on 11-19-2013. The injured worker was being treated for lumbar spine degenerative disc disease and lumbar radiculopathy. On 8-7-2015, the injured worker reported ongoing low back pain radiating into the bilateral buttocks and the lateral aspect of the thigh to the knee, left greater than right. The leg pain was intermittent. She reported occasional numbness in the feet. Her low back pain was rated 4 out of 10. The physical exam (8-7-2015) revealed a non-antalgic gait, normal heel and toe walking, and decreased lumbar range of motion. There was intact sensation, 5- to 5 out of 5 motor strength, hyperreflexic bilateral patellar and Achilles reflexes of the bilateral lower extremities. Per the treating physician (8-7-2015 report), an MRI of the lumbar spine from 6-30-2015 revealed degenerative disc disease and facet arthropathy with levoscoliosis and retrolisthesis at L5-S1 (lumbar 5-sacral 1). There was moderate right and, mild to moderate left neural foraminal narrowing at L5-S1. Per the treating physician (8-7-2015 report), electromyography from 5-14-2015 of the bilateral lower extremities was a normal study. Treatment has included chiropractic therapy, physical therapy, and non-steroidal anti-inflammatory medication. The treatment plan (8-7-2015) included a trial of Ketoprofen cream. Per the treating physician (8-7-2015 report), the injured worker has not returned to work. On 8-7-2015, the requested treatments included CM3 Ketoprofen 20%. On 9-14-2015, the original utilization review non-certified/modified a request for Norco 10/325 #30 (original request for #150) to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3 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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.