

Case Number:	CM15-0191238		
Date Assigned:	10/05/2015	Date of Injury:	10/15/2009
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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 65 year old male, who sustained an industrial injury on October 15, 2009, incurring right shoulder low back, upper back and chest injuries. He was diagnosed with a right shoulder impingement syndrome, costochondritis, lumbar disc disease with disc herniation and lumbar stenosis and cervical degenerative disc disease with cervical stenosis. Treatment included pain medications, topical analgesic cream and patches, 50 sessions of physical therapy, 15 sessions of chiropractic and 20 sessions of acupuncture, and activity restrictions. Currently, the injured worker complained of persistent neck pain with numbness and aching pain to the upper extremities extending into the hands. He rated his pain 7 out of 10 on a pain scale from 1 to 10. He stated looking up and down caused an increase in pain. The injured worker complained of lower stabbing back pain with radiation of numbness to the bilateral lower extremities. Walking prolonged periods of time aggravated his pain. He was prescribed pain medications and topical cream to help wean off the narcotics since he failed oral anti-inflammatory drugs. The treatment plan that was requested for authorization on September 25, 2015, included a prescription for Ketoprofen 20% cream. On September 15, 2015, a request for a prescription of Ketoprofen cream was not 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2009 injury nor have they demonstrated any functional efficacy in terms of improved work or functional status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. Intolerance to oral medications is not documented. Additionally, there are evidence-based published articles noting that topical treatment with NSAIDs and other medications can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high risk patients, especially those with reduced drug metabolism as in renal failure or in this case, intolerance to oral NSAIDs. The Ketoprofen 20% cream is not medically necessary and appropriate.