

Case Number:	CM15-0200962		
Date Assigned:	10/16/2015	Date of Injury:	04/10/2001
Decision Date:	11/24/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/13/2015

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: Arizona, California

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:

This is a 47 year old female who sustained an industrial injury on 4-10-2001. A review of the medical records indicates that the injured worker is undergoing treatment for left sacroiliitis, lumbar myofascial strain, lumbar degenerative disc disease, left lumbar radiculitis and lumbar herniated nucleus pulposus (HNP). According to the progress report dated 9-9-2015, the injured worker complained of low back pain. The injured worker reported that her pain continued to increase due to denied treatment. She reported weakness, numbness and tingling in the left lower extremity to the foot. She rated her pain 8-9 out of 10. Objective findings (9-9-2015) revealed tenderness to palpation in the left sacroiliac, paraspinals L2-L5 and lumbar midline. Lumbar flexion and extension were limited by pain. Treatment has included epidural steroid injections, chiropractic treatment, aqua therapy, physical therapy and medications. Current medications (9- 9-2015) included Norco, Senna, Prilosec and Lidopro cream. It was noted that Relafen had been discontinued due to no relief, Tylenol with codeine made her feel sick, Neurontin caused sleepiness and strange dreams and Lyrica had not been authorized. The original Utilization Review (UR) (9-17-2015) denied a request for CM3-Ketoprofen 20%.

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, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are 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. Ketoprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS and the claimant did not respond to oral NSAIDS in the past. In addition, the claimant was on topical analgesics in the past including LidoPro. Long-term use of topicals is not recommended. The Ketoprofen is not medically necessary.