

Case Number:	CM15-0207270		
Date Assigned:	10/26/2015	Date of Injury:	04/07/2014
Decision Date:	12/07/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/21/2015

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: Emergency Medicine

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 54 year old male, who sustained an industrial injury on 4-7-2014. The injured worker is undergoing treatment for: lumbar facet arthropathy, lumbar degenerative disc disease. On 9-25-15, he reported low back pain with radiation to the neck. He indicated his pain to have slightly decreased due to his home exercises. He is noted to have been given trigger point injections at his last visit, which is reported to have given him mild relief for one day. He rated his current pain 6 out of 10 and indicated it to be aggravated by prolonged activity such as standing. He denied radiation to the lower extremities, numbness, tingling and weakness. He reported that medications "help calm the pain and allow for increased activity". He is noted to have denied side effects. Physical examination revealed negative bilateral straight leg raise testing, normal gait, hypertonicity of the T10-L4 paraspinals, tenderness of the T10-L5 paraspinals, decreased lumbar extension and side bending, positive facet loading of the lumbar. The treatment and diagnostic testing to date has included: trigger point injections of lumbar (8-21-15), at least 26 sessions of chiropractic treatment, at least 8 sessions of acupuncture, multiple massage therapy sessions, TENS unit, lumbar epidural steroid injection (5-29-15), and medications, electrodiagnostic studies (7-1-14), MRI of the lumbar spine (9-3-14). Medications have included: omeprazole, naproxen, duloxetine, Relafen, ketoprofen 20 percent cream, nortriptyline. Current work status: temporary partial disability with work restrictions. The request for authorization is for: CM3-Ketoprofen 20 percent. The UR dated 10-14-2015: non-certified the request for CM3-Ketoprofen 20 percent.

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 Low Back Complaints 2004.

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

Decision rationale: The requested CM3-Ketoprofen 20%, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has low back pain with radiation to the neck. He indicated his pain to have slightly decreased due to his home exercises. He is noted to have been given trigger point injections at his last visit, which is reported to have given him mild relief for one day. He rated his current pain 6 out of 10 and indicated it to be aggravated by prolonged activity such as standing. He denied radiation to the lower extremities, numbness, tingling and weakness. He reported that medications "help calm the pain and allow for increased activity". He is noted to have denied side effects. Physical examination revealed negative bilateral straight leg raise testing, normal gait, hypertonicity of the T10-L4 paraspinals, tenderness of the T10-L5 paraspinals, decreased lumbar extension and side bending, positive facet loading of the lumbar. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, CM3-Ketoprofen 20% is not medically necessary.