

Case Number:	CM15-0208723		
Date Assigned:	10/27/2015	Date of Injury:	11/01/2000
Decision Date:	12/08/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/23/2015

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 injured worker is a 52 year old male who reported an industrial injury on 11-1-2000. His diagnoses, and or impressions, were noted to include: lumbar radiculopathy, status post lumbar spine surgery with residual pain; and status post left knee surgery with residual pain. Recent magnetic imaging studies were said to have been done on 5-4-2015, but were not noted in the medical records provided. His treatments were noted to include: an anatomical impairment measurements report on 5-4-2015; chiropractic treatments (May - Sept., 2015); acupuncture treatments; shock-wave therapy; medication management; and rest from work. The progress notes of 8-4-2015 reported: constant, bilateral burning and radiating pain, rated 5-7 out of 10, down the arms-fingers, associated with muscle spasms and aggravated by movement and use; constant lumbar pain, rated 4-5 out of 10, that radiated down the right hip-leg, associated with numbness-tingling in the bilateral lower extremities; aggravated by prolonged activity, movements, and activities of daily living; constant left knee pain, rated 4-5 out of 10, and aggravated by activity, movements, and weight bearing; that his pain and sleep were relieved by medications and activity restrictions; and his frustration, stress, anxiety, insomnia and depression from his chronic pain- injury. The objective findings were noted to include: no acute distress; tenderness at the rotator cuff tendon, AC joint and subacromial space, with decreased bilateral shoulder range-of-motion; slightly diminished sensation over the cervicothoracic and lumbosacral dermatomes; decreased strength in the muscles of the upper extremities; positive bilateral tripod, flip test and Lasegue's differential test; tenderness over the left knee joint lines. The physician's requests for treatment were noted to include the continuation of medications for

pain, which were noted to include Ketoprofen cream. The Request for Authorization, dated 8-4-2015, was noted to include Ketoprofen 20% cream, 167 grams, to apply a thin layer to affected areas 3 x a day for inflammation. The Utilization Review of 10-20-2015 non-certified the requests for 1 prescription of Ketoprofen 20% cream, 167 grams. Ketoprofen 20% cream, 165 grams was noted ordered as far back as the 6-2-2015 progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 167gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 analgesic. 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 had been on the gel for several months and additional 3 months refill is not indicated. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The claimant was on topical Ketoprofen for over a year in combination with other topicals and long-term use is not indicated. The Ketoprofen is not medically necessary.