

Case Number:	CM15-0027299		
Date Assigned:	02/19/2015	Date of Injury:	08/07/2014
Decision Date:	03/31/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/12/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old male, who sustained an industrial injury reported on 8/7/2014. He has reported persistent and radiating low back and neck pain, and left elbow pain. The diagnoses were noted to have included sprain of the neck, cervical and lumbar sprain/strain and radiculopathies; status-post left elbow surgery; and left peroneal nerve palsy. Treatments to date have included consultations; diagnostic imaging studies; electromyogram and nerve conduction studies to the lower extremities (9/1814); 19 chiropractic treatments; and medication management. The work status classification for this injured worker (IW) was noted to be temporary partially disabled with restrictions if modified work is available. On 2/6/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/7/2015, for 1 trial prescription of CM3-Ketoprofen 20% 30gm; along with a trial of Prilosec for medication-induced gastritis. The Medical Treatment Utilization Schedule, chronic pain medical treatment, topical medications & non-steroidal anti-inflammatory agents; and the Federal Drug Administration, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3-Ketoprofen 20% 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: CM3-Ketoprofen 20% 30gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The topical cream contains Ketoprofen which the MTUS states is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Do to the fact that the MTUS does not support topical Ketoprofen the request for CM3-Ketoprofen 20% 30gm is not medically necessary.