

Case Number:	CM15-0211652		
Date Assigned:	11/24/2015	Date of Injury:	03/22/2007
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/27/2015

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: Internal 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 3-22-07. A review of the medical records indicates he is undergoing treatment for chronic renal failure - dialysis dependent, hypertension, diabetes mellitus, type 2, sleep disorder, sexual dysfunction, and psychiatric diagnoses - deferred. Medical records (7-10-15) indicate that the injured worker is undergoing dialysis and has had a shunt placed in his left upper extremity. He is receiving phosphate binders and insulin. The provider indicates that his blood sugar is being controlled with dialysis and that he is "on a transplant list". The record indicates that his "weight is down to 135 pounds". He is noted to be "medically retired". The physical exam reveals his blood pressure is 134-80, heart rate 80, and respirations 14. His heart sounds are noted to be "normal" with a regular rate and rhythm. His abdomen is non-tender with "normal" bowel sounds. The PR2 (7-10-15) includes medication refills for Ketopro 20%-Lid 5%-Cycl 1% (qty 60), Minoxidil, Lisinopril, Metoprolol, Hydralazine, Diltiazem, Aspirin, Insulin, glucometer test strips, lancets, and alcohol swabs. The request for authorization (10-6-15) includes 3 refills for Ketopro, Minoxidil, and Lisinopril. The utilization review (10-16-15) includes a request for authorization of Ketopro 20%-Lid 5%-Cycl 1% (qty 60) with three refills. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketopro 20%, lid 5%, cycl 1%, QTY: 60 with three (3) refills: 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: The FDA does not currently recommend the use of Ketoprofen in a topical application. It has a very high incidence of inducing photosensitivity dermatitis, and the absorption of the drug depends on the base in which it is delivered. Topical treatment can result in blood accumulations and systemic side effects similar to oral injection of the same medication. Patients with renal disease or other systemic diseases should use this medication with caution. This topical compound contains Ketoprofen and therefore its use would be contraindicated in outpatient. The UR decision is upheld and the request is not medically necessary.