

Case Number:	CM15-0214036		
Date Assigned:	11/04/2015	Date of Injury:	01/06/2012
Decision Date:	12/22/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 70-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 6, 2002. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve a request for a topical ketoprofen cream. The claims administrator referenced a September 18, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On an October 24, 2015 office visit, the applicant reported ongoing issues with chronic neck and low back pain with ancillary complaints of headaches. The applicant was apparently considering spine surgery. The applicant's medication list included Norco, Dexilant, Lidoderm, Robaxin, and Linzess, the treating provider reported. At the bottom of the note, topical ketoprofen, Norco, Dexilant, and Linzess were renewed and/or continued. The applicant's work status was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: No, the request for a topical ketoprofen cream was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketoprofen, i.e., the article in question, is not FDA approved for topical application purposes. The attending provider failed to furnish a clear or compelling rationale for provision of this agent in the face of the unfavorable MTUS and FDA positions on the same. The applicant's concurrent usage of first-line oral pharmaceuticals to include Norco, moreover, effectively obviated the need for the topical ketoprofen article in question. Therefore, the request is not medically necessary.