

Case Number:	CM15-0216806		
Date Assigned:	11/06/2015	Date of Injury:	07/02/2013
Decision Date:	12/24/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/03/2015

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, Illinois

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:

This is a 63 year old male with a date of injury on 7-2-13. A review of the medical records indicates that the injured worker is undergoing treatment for right foot and lower back pain. Progress report dated 9-21-15 reports continued complaints of right foot pain that is severe at times. He returned to work last week on modified duty and reports increased soreness. His activity level is limited due to pain. He has been authorized for chiropractic treatment for his back and he continues with physical therapy for his foot. He has complaints of lower back pain that is mild, aching and sometimes throbbing rated 6 out of 10. The pain travels down his right extremity to the calf and comes and goes. The right foot pain is sharp and constant and is located in the heel, foot and ankle. The pain is rated 8 out of 10. He has developed left foot pain due to compensating for his right, rated 5 out of 10. Physical exam: lumbar range of motion is decreased in all planes, his gait is mildly antalgic, right ankle is tender to palpation, first web space has numbness and has decreased range of motion in all planes. Diagnostic testing includes: MRI right foot (result not given). Treatments include: medication, physical therapy, steroid injections and surgery on the ball of foot 12-3-14. Request for authorization was made for CM3-Ketoprofen 20 percent. Utilization review dated 10-9-15 non-certified the request.

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

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

Decision rationale: The injured worker sustained a work related injury on 7-2-13. The medical records provided indicate the diagnosis of first web metatarsalgia, residual right foot pain s/p sesamoidectomy. Treatments have included medication, physical therapy, steroid injections and surgery on the ball of foot. The medical records provided for review do not indicate a medical necessity for CM3-Ketoprofen 20%. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. The MTUS states that Ketoprofen is not currently FDA approved for a topical application. The request is not medically necessary.