

Case Number:	CM15-0219884		
Date Assigned:	11/12/2015	Date of Injury:	07/08/2013
Decision Date:	12/29/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/09/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 50 year old male, who sustained an industrial injury on 7-8-2013. The injured worker is undergoing treatment for lumbar herniated nucleus pulposus (HNP), lumbar radiculopathy, left hip degenerative joint disease (DJD) with trochanteric bursitis, chronic left ankle sprain, left ankle synovitis with impingement and left peroneus brevis longitudinal splint tear. Medical records dated 9-10-2015 indicate the injured worker complains of back pain radiating down the left leg with weakness and tingling. He reports 50% improvement of left hip pain after 8-19-2015 fluoroscopically guided CSI. He rates the pain 6 out of 10. Physical exam dated 9-10-2015 notes antalgic gait, use of cane and back, knee and ankle brace, lumbar tenderness to palpation, decreased range of motion (ROM), decreased sensation of L4, L5 and S1 dermatomes, positive Lasegue maneuver on the left and positive straight leg raise on the left. There is left hip, knee and ankle tenderness to palpation with decreased range of motion (ROM) and positive FABER test. Treatment to date has included Medication, heat, ice, acupuncture, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, magnetic resonance imaging (MRI), X-rays and left hip injection, cane, crutches lumbar sacral orthosis (LSO) brace, left knee brace and ankle brace. The original utilization review dated 11-2-2015 indicates the request for Ketoprofen 20% gel is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% Gel: 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 medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. Therefore, the request is not medically necessary.