

Case Number:	CM15-0032849		
Date Assigned:	02/26/2015	Date of Injury:	11/03/2010
Decision Date:	04/10/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 male who sustained an industrial injury on 11/3/10. The injured worker reported symptoms in the back and lower extremities. The diagnoses included L4-5 and L5-S1 disc herniations, mechanical axial back pain, and lumbar spine and Left S1 radiculopathy. Treatments to date include physical therapy, epidural steroid injection, and oral pain medication. In a progress note dated 12/2/14 the treating provider reports the injured worker was with "persistent and increasing pain and stiffness to his lumbar spine radiating down the left lower extremity, with numbness and tingling and weakness to the left leg." On 2/6/15 Utilization Review non-certified the request for Ketoprofen 120 grams #1, apply on affected area at night, refills: 3 (quantity: 4) and Flurbiprofen 120 grams #1, apply on affected area in morning, refills: 3 (quantity: 4). The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 120gm #1, Apply on affected area at night, Refills: 3 (quantity: 4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111) topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Ketoprofen compounded gel is recommended as topical analgesics for chronic back pain. In addition, the patient is also being prescribed oral Naproxen. There is no justification to why the patient will require both a topical and oral formulation of a non-steroidal anti-inflammatory medication. Based on the above Ketoprofen 120g, with 3 refills is not medically necessary.

Flurbiprofen 120gm #1, Apply on affected area In morning, Refills: 3 (quantity: 4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111) topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen is recommended as topical analgesics for chronic back pain. In addition, the patient is also being prescribed oral Naproxen. There is no justification to why the patient will require both a topical and oral formulation of a non-steroidal anti-inflammatory medication. Based on the above Flurbiprofen 120gm, with 3 refills is not medically necessary.