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| Case Number: | CM15-0036529 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 12/18/2008 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 01/20/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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 32-year-old female, who sustained an industrial injury on 12/18/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include lumbosacral sprain/strain injury, lumbosacral disc injury with status post surgery, myofascial pain syndrome, and lumbosacral radiculopathy. Treatment to date has included medication regimen, electro acupuncture, status post lumbosacral surgery, and exercises. In a progress note dated 12/29/2014 the treating provider reports ongoing low back pain that radiates into the left posterior thigh with lumbosacral tenderness to palpation and painful range of motion. The treating physician requested Ketoprofen cream for pain control noting on 07/23/2014 that the injured worker was currently using this medication in addition to Norco and that these medications combined helped control the pain to allow her to function. On 01/20/2015 Utilization Review non-certified the requested treatment of Ketoprofen cream (unspecified quantity /dosage), noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111 to 112.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs) 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. There 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. Ketoprofen topical, one of compound of the prescribed topical analgesic, is not recommended by MTUS for pain management. Therefore, Ketoprofen cream is not medically necessary.