

Case Number:	CM15-0038859		
Date Assigned:	04/06/2015	Date of Injury:	02/11/1997
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/02/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53 year old female, who sustained an industrial injury on 2/11/97. She reported an injury to her low back. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included acupuncture; chiropractic therapy; TENS unit; H-wave therapy; epidural, facet and sacroiliac joint injections (no dates); EMG/NCV bilateral lower extremities (11/2013); MRI lumbar spine (8/2/11); drug screening for medical management; medications. Currently, the PR-2 notes dated 2/10/115, the injured worker complains of constant low back pain radiating down posterior right lower extremity. An epidural steroid injection has been approved but the injured worker is not able to get transportation for this approved injection. Current medication regime reduces pain and allows her to continue walking and performing activities of daily living. The provider is requesting topical Ketoprofen 20 creme TID quantity: 2.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Ketoprofen 20 creme TID quantity: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Topical Ketoprofen 20 creme TID quantity: 2.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Additionally, Ketoprofen agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The documentation does not reveal inability to take oral medications. The MTUS does not support topical NSAIDs for the spine. The FDA has not approved topical Ketoprofen due to high incidence of photocontact dermatitis. The request is therefore not medically necessary.