

Case Number:	CM15-0050897		
Date Assigned:	03/24/2015	Date of Injury:	11/15/2011
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/17/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 65 year old male, who sustained an industrial injury on November 15, 2011. He reported low back and right foot and ankle pain. The injured worker was diagnosed as having failed back surgery syndrome, chronic pain syndrome, anxiety, depression, status post anterior lumbar interbody fusion, status post transforaminal lumbar interbody fusion, facet arthropathy of the lumbar spine, chronic low back pain and neuropathic pain in the bilateral lower extremities. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the spine, conservative treatments, medications and work restrictions. Currently, the injured worker complains of low back pain with radiating pain to the bilateral lower extremities, right worse than left, with associated numbness and tingling. He also complained of anxiety and depression. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on September 19, 2014, revealed continued pain. Medications were renewed and he continued a home exercise program. Evaluation on February 11, 2015, revealed continued pain as previously noted. The treatment plan was continued and a pain relieving gel was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20%/Ketamine 10% gel 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113, 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 110-113.

Decision rationale: With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." However the California MTUS guidelines indicates that ketoprofen is not currently FDA approved for topical usage due to a high incidence of photo contact dermatitis. Additionally, there is no known benefit for the usage of topical ketamine. For these reasons, this request for topical ketoprofen/ketamine is not medically necessary. Furthermore, regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually.