

Case Number:	CM15-0050946		
Date Assigned:	03/24/2015	Date of Injury:	02/27/2013
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
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, North Carolina
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old male sustained an industrial injury to the left hip and low back on 2/27/13. Previous treatment included magnetic resonance imaging, electromyography, chiropractic therapy and medications. In a PR-2 dated 1/12/15, the injured worker complained of low back pain 6/10 on the visual analog scale with radiation in to the left buttock and down the leg associated with numbness and cramping. The injured worker reported new onset "shocking" pain upon stepping. Current diagnoses included left lumbar spine radiculopathy, lumbar myofascial strain, lumbago and lumbar stenosis. The treatment plan included continuing to request lumbar epidural steroid injections for radiculopathy treatment, Medications (Neurontin, Ultracet, Ketoprofen and Anaprox) and physical therapy twice a week for one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3 Ketoprofen 20%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The request in this patient is for CM3 Ketoprofen 20%, a topical analgesic for hip thigh knee and low back pain. MTUS guidelines state that the use of topical analgesics are largely experimental with few randomized controlled trials to determine safety or efficacy. They are primarily recommended for neuropathic pain when trials of first-line agents such as antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants and others). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records do not support the medical necessity of this topical agent.