

Case Number:	CM15-0061023		
Date Assigned:	04/07/2015	Date of Injury:	01/08/2015
Decision Date:	05/06/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	03/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44 year old male, who sustained an industrial injury on 1/8/15. He reported being involved in a motor vehicle accident resulting in loss of consciousness and head to toe pain. The injured worker was diagnosed as having lumbar facet arthropathy; acute/subacute compression fracture T12; lumbar radiculopathy; lumbar disc herniation. Treatment to date has included a 5-day hospitalization; CT scans; x-rays; TLSO brace; TENS unit; medications. Currently, the PR-2 notes dated 3/6/15 indicate the injured worker was seen as a follow-up of back pain that continues to be severe at times with radiation to his lower extremities. He also notes persistent joint pain, especially in his knees bilaterally. He continues to wear a TLSO brace as much as possible and notes pain is exacerbated when it is removed. He was taking Norco for pain and Flexeril for muscle spasms which help relieve symptoms by 50%. Comparative CT scans, MRI and x-rays of the lumbar spine confirm the T12 compression fracture has worsened significantly since his accident. The provider has also requested CM3-Ketoprofen 20% which was denied at Utilization Review.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in January 2015 due to a motor vehicle accident and is being treated for bilateral knee and low back pain. Indications for the use of a topical non-steroidal anti-inflammatory medication include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photo-contact dermatitis. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac which could be considered as a treatment option. Therefore, the requested Ketoprofen 20% cream was not medically necessary.