

Case Number:	CM15-0085774		
Date Assigned:	05/07/2015	Date of Injury:	12/31/2013
Decision Date:	06/09/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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: Ohio, North Carolina, Virginia
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:

The injured worker is a 48-year-old male, who sustained an industrial injury on 12/31/13. The mechanism of injury was not noted. The diagnoses have included status post lumbar decompression, lumbar stenosis and lumbar radiculopathy. Treatment to date has included medications, lumbar decompression surgery on 2/9/15, physical therapy, activity modifications and conservative care. Currently, as per the physician, progress note dated 3/19/15, the injured worker complains of low back pain with lower extremity symptoms rated 5/10 on the pain scale and improving since last visit, which was rated 6/10. The injured worker is questioning the further taper of medication. He notes that Non-steroidal anti-inflammatory drugs failed due to gastric upset even with use of proton pump inhibitor. He notes a successful trial of using a topical compound medication. The objective findings revealed improved lumbar range of motion and no lower extremity focal neurological deficit is noted. The current medications included hydrocodone, cyclobenzaprine and Soma. The urine drug screen dated 2/12/15 was inconsistent with medications prescribed and the urine drug screen dated 2/26/15 was consistent with the medications prescribed. Work status is temporarily very disabled. The physician requested treatment included Ketoprofen cream three times a day with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream tid with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines. Pain chapter. Topical Ketoprofen section.

Decision rationale: Topical NSAIDS 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). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. The topical NSAID ketoprofen is not recommended in the U.S., as there are currently no FDA-approved versions of this product, but it is a first-line drug in Europe. Topical NSAIDs are generally recommended for short-term use for acute sprain/strains and longer term for osteoarthritis of the knee and hand, particularly in individuals with risk for GI ulceration, but they are not indicated for treatment of the low back or neuropathic pain. In this instance, the notes indicate the injured worker is intolerant of oral NSAIDS despite use of high dose proton pump inhibitors. The intended site for the requested topical ketoprofen appears to be the lower back. The CA MTUS or the Official Disability Guidelines for use on the lower back do not recommend the use of topical NSAIDS. Therefore, Ketoprofen cream TID with 3 refills is not medically necessary and appropriate per the referenced guidelines.