

Case Number:	CM15-0087544		
Date Assigned:	05/11/2015	Date of Injury:	12/21/2011
Decision Date:	06/16/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/06/2015

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

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:

This 56 year old female sustained an industrial injury on 12/21/11. She subsequently reported Diagnoses include Degeneration of lumbar or lumbosacral intervertebral disc treatments to date include nerve conduction and MRI testing, chiropractic care and prescription pain medications. The injured worker continues to experience low back pain with radiation to the left lower extremity. Upon examination, lumbar range of motion was reduced; there is tenderness at the bilateral lumbar paraspinals and positive straight leg raise test on the left at 70 degrees. A request for Ketoprofen 20% cream medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 70-73.

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

Decision rationale: Regarding the request for topical ketoprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. The guidelines also state that topical NSAIDs are recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Within the documentation available for review, the patient has had analgesic benefit and reduction of oral medication intake with the use of ketoprofen topical cream. However, there is no documentation that the patient would be unable to tolerate oral NSAIDs, as she is currently taking Nabumetone without documented side effects and ineffectiveness. Lastly, the patient is prescribed ketoprofen cream for lumbar region pain, which is not supported by the guidelines. As such, the currently requested topical ketoprofen is not medically necessary.