MAXIMUS Federal Services

Case Number:	CM13-0037706		
Date Assigned:	01/15/2014	Date of Injury:	02/24/2007
Decision Date:	05/19/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/25/2013

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. The expert reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female was injured on 2/24/07. The mechanism of injury was repetitive bending and lifting of her lumbar back while working in a deli. The diagnoses were artificial disc replacement at LS-51, lumbar herniated nucleus pulposus, grade 1 spondylolisthesis at L4-5, lumbar stenosis at L4-5, and bilateral hip bursitis. The office visit dated 7/30/13, noted the patient complained of low back pain that radiated into the lower extremities despite medications. Exam showed flexion to 40 degrees, extension to 10 degrees, right/left bending to 15 degrees, and decreased sensation in the L3-S1 dermatomes. The plan was for a CT of the lumbar spine and medications. At issue was the request for topical Ketoprofen 20% which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% 1 bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: CA-MTUS (Effective July 18, 2009) Topical Analgesics section pages 111-113 of 127 states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996) Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000) Therefore the request for Topical Ketoprofen 20% is not medically necessary.