

Case Number:	CM14-0126374		
Date Assigned:	08/13/2014	Date of Injury:	10/17/2008
Decision Date:	11/14/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/08/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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:

The worker is a 53 year old male who was injured on 10/17/2008 after lifting a heavy object. He was diagnosed with lumbar sprain/strain, lumbar herniated nucleus pulposus, bilateral sacroiliac joint dysfunction, and lumbar facet arthropathy, lumbar pain with radiculopathy, thoracic spine degenerative disc disease, and chronic pain syndrome. He was treated with chiropractic therapy, back brace, surgery (lumbar microdiscectomy), anti-epileptics, opioids, muscle relaxants, NSAIDs, topical analgesics, antidepressants, and lumbar injection. He was diagnosed with NSAID-induced gastritis. On 5/22/2014, the worker was seen by his primary treating physician complaining of worsening neck and upper back pain, mid back pain, and low back pain with radiation to both legs rated at 8/10 on the pain scale. He was then recommended to continue his then current medications, except for the LidoPro which had been causing burning and irritation to his skin. He was recommended a trial of Ketoprofen cream in its place.

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 Page(s): page 111- 113.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (Diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to 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 and hypertension. In the case of this worker, he apparently had used oral NSAIDs, but they had caused gastritis. The worker was not using oral NSAIDs at the time of the request and topical NSAIDs were offered him to replace topical Lidocaine, to which he was intolerant. Topical NSAIDs are not approved for use on the spine, nor is ketoprofen a recommended first choice for a topical NSAID. Therefore, the topical ketoprofen is not appropriate or medically necessary.