

Case Number:	CM14-0126637		
Date Assigned:	08/13/2014	Date of Injury:	05/08/2002
Decision Date:	09/30/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 46 year old male who sustained work injury on 5-8-02. On this date, the claimant sustained a low back injury and psyche as a result of lifting furniture. The claimant had an intervening motor vehicle accident on 5-14-07. Office visit on 7-21-14 notes the claimant has stiffness and soreness in the low back with radiation down the legs. The claimant uses Ketoprofen. He is also taking Tramadol and Naproxen provided by his PCP. On exam, the claimant had had no swelling, edema or tenderness. Strength was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - topical analgesics.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of

antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant cannot tolerate oral medications or that he has failed first line of treatment. Furthermore, there is no objective documentation noting that this claimant has neuropathic pain. Therefore the medical necessity of this request is not established.