

Case Number:	CM14-0090505		
Date Assigned:	07/23/2014	Date of Injury:	05/01/2005
Decision Date:	09/15/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/16/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 57-year-old male who reported an injury on 06/01/2012. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar spine strain, right lumbar radiculopathy, degenerative joint/degenerative disc disease of the lumbar spine, and lumbar spine stenosis with protrusion at L4-5 and L5-S1. The previous treatments included medication. Within the clinical note dated 01/23/2013, it was reported the injured worker was waiting to receiving lumbar spine surgery, as he remained symptomatic. Upon physical examination, the provider noted the injured worker had mild right lower muscle spasms. The provider indicated the injured worker had tenderness to palpation in the right upper, mid lower paravertebral muscles. The range of motion was flexion at 20 degrees. The request submitted is for Ketoprofen/Lidocaine. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request fro ketoprofen/lidocaine(duration unknown and frequency unknown): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended short-term of 4 to 12 weeks. Topical Lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first line therapy. Topical Lidocaine in the formulation of dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. The guidelines note Ketoprofen is not FDA-approved. This agent is not primarily FDA-approved for topical application. It has an extremely high incidence of photo-contact dermatitis. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the dosage of the medication. The request submitted failed to provide the treatment site. Additionally, the injured worker has been utilizing the medication since at least 01/2013, which exceeds the guideline recommendations of short-term use of 4 to 12 weeks. Therefore, the request is not medically necessary.