

Case Number:	CM14-0091621		
Date Assigned:	07/25/2014	Date of Injury:	08/07/2006
Decision Date:	09/18/2014	UR Denial Date:	05/16/2014
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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is a 71-year-old male who has submitted a claim for bilateral carpal tunnel syndrome, lumbar facet syndrome, myofascial pain syndrome, and bilateral knee pain, status post bilateral total knee replacement (04/25/2013), status post right shoulder surgery (05/06/2014); associated with an industrial injury date of 08/07/2006. Medical records from 2013 to 2014 were reviewed and showed that patient complained of buttock pain which radiates to his bilateral superior and posterior hip area with bilateral upper anterior thigh numbness and tingling. The patient also complains of right shoulder post operative pain, bilateral carpal tunnel syndrome pain, and left knee pain and buckling. Physical examination showed diffuse tenderness across the lumbosacral spine. Increased provocation of low back pain with extension maneuvers was noted. Range of motion was decreased due to pain. Hyporeflexia of the bilateral Achilles was noted. Motor testing was normal. Sensation over the left anterior thigh was decreased. Treatment to date has included medications, physical therapy, radiofrequency neurotomy, and surgery as stated above. Utilization review, dated 05/16/2014, denied the request for ketoprofen/DMSO gel because ketoprofen is not recommended for topical application. An appeal letter, dated 05/27/2014, stated that the patient has been undergoing extensive medical treatment since 2006 and the utilization review physician was not provided a complete record which would give him an understanding as to the depth and history of the applicant's injury, and that the utilization review physician was not qualified because he/she did not have the same training and experience as the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen / DMSO get 20-5% 120 G: Upheld

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

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

Decision rationale: As stated on pages 111 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding the ketoprofen component, topical NSAID formulation is only supported for diclofenac in the California MTUS. The CA MTUS and ODG do not address DMSO. In this case, medical records reviewed did not show failure of or intolerance to oral formulations. Moreover, flurbiprofen is not recommended for topical use. Therefore, the request for ketoprofen / DMSO get 20-5% 120 G is not medically necessary.