

Case Number:	CM14-0092006		
Date Assigned:	09/12/2014	Date of Injury:	07/18/2009
Decision Date:	10/06/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/18/2014

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 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 54 year-old patient sustained an injury on 7/18/09 while employed by [REDACTED]. Request(s) under consideration include Topical #3 CM3-Ketoprofen 20%. Diagnoses include lumbar spine multiple HNP; lumbar and cervical DDD with radiculopathies; cervicogenic vs. neurogenic headaches. Medications list Voltaren ER, Omeprazole, LidoPro cream. The patient last worked in 2009. Report of 3/24/14 from the provider noted the patient with ongoing chronic neck, mid/ low back pain rated at 8/10 associated with numbness and tingling to foot rated at 6/10; severe headaches and dizziness; no report of new injury. Exam showed mildly antalgic gait; diffuse decreased range of cervical, thoracic, and lumbar spine; intact bilateral upper extremity sensation; hyporeflexive bilateral upper and lower extremities; decreased sensation of right L4, L5, and S1 dermatomes. Internal medicine report of 1/20/14 recommended stopping Voltaren and Omeprazole and Prevacid not helping. It was noted by QME that the patient's H. Pylori infection should be treated by PCP. Current treatment included continuing with medications. The request(s) for Topical #3 CM3-Ketoprofen 20% was non-certified on 5/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

#3 CM3-Ketoprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Agents (NSAIDs): Non FDA-approved.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with without contraindication in taking oral medications. Medical indication is unclear on concurrent use of NSAIDs with two formulary of topical and oral when not recommended by internist. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2009 without documented functional improvement from treatment already rendered. The request for #3 CM3-Ketoprofen 20% is not medically necessary and appropriate.