

Case Number:	CM14-0215106		
Date Assigned:	01/02/2015	Date of Injury:	03/02/2004
Decision Date:	03/03/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64 year old male who got injured on 3/2/2004. It is reported he injured his back repeatedly lifting garbage cans. He is status post lumbar fusion which was done in 7/5/2005. He has had physical therapy and on 8/13/2014, he was evaluated by his treating physician and it was reported that he was doing well, he is doing a regular home program, he felt better and physical therapy helped with pain and inflammation, now able to do more. On 11/12/2014 he followed up with his treating physician and it was reported that his back is mostly a lot better, he was staying busy working on his house and doing some landscaping, cold weather flares his pain. He was seeing a different physician for his shoulder and was having some difficulty with overhead work but otherwise was doing well. His medications included metaxalone, gabapentin, thermacare heat pad, hydrocodone-acetaminophen and ketoprofen cream. His musculoskeletal and lumbosacral exam was essentially normal. His diagnoses include status post L4-L5, L5-S1 fusion 7/5/05, chronic low back pain. The request is for ketoprofen cream 100% #1 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream 100% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Per the MTUS, Ketoprofen is not currently approved by the FDA for topical application. It has an extremely high incidence of photocontact dermatitis. A review of the injured workers medical records has not revealed that he has exhausted all other available and approved options and therefore based on this guideline the request for ketoprofen cream 100% #1 is not medically necessary.

Refill of Ketoprofen cream 100%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Per the MTUS, Ketoprofen is not currently approved by the FDA for topical application. It has an extremely high incidence of photocontact dermatitis. A review of the injured workers medical records has not revealed that he has exhausted all other available and approved options and therefore based on this guideline the request for refill of ketoprofen cream 100% is not medically necessary.