

Case Number:	CM14-0050678		
Date Assigned:	06/23/2014	Date of Injury:	01/12/2012
Decision Date:	02/25/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/20/2014

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This is a 39 y/o Male who had industrial injury on 1/12/12 related to a fall. He had obtained xrays, MRI scans, acupuncture, surgery, and medications. Examination on 9/20/13 demonstrated tenderness over thoracic spine paraspinal muscles, bilateral knee joint lines, and knee pain with end of range of motion. Examination on 10/25/13 demonstrated cervical spine myospasms, left shoulder restricted range of motion tenderness of the trapezius, tenderness over thoracic spine T7-T10, bilateral tenderness of the joint lines, positive crepitus, and positive apley's. Similar findings were also found on examination in December of 2013 and January of 2014. A request was made on each of those dates for a topical compound medicine, keto cream, for in home use. On 2/21/14 a non certification recommendation was made for a request of the topical compound medicine. The rationale for the denial was due to lack of peer reviewed evidence to support the use of such medicine as a topical compound medicine and that the FDA does not currently approved for topical application due to high incidence of photocontact dermatitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Ketoprofen Cream: 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 Page(s): 111-112.

Decision rationale: Regarding the request for topical ketoprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical ketoprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical ketoprofen is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested topical ketoprofen is not medically necessary.