

Case Number:	CM14-0059095		
Date Assigned:	07/09/2014	Date of Injury:	11/11/2009
Decision Date:	02/11/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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 Rehab 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 52 year old female with date of injury 11/11/09. The treating physician report dated 03/03/14 indicates that the patient presents with constant and moderately severe neck pain, low back pain, and bilateral wrist and hand pain. The patient rates her neck pain as 7/10 with radiation to the bilateral upper extremities with associated numbness and tingling. Her low back pain is rated 8/10 which radiates posteriorly into the right lower extremity. Her bilateral wrist and hand pain rater 7-8/10. The patient's current medications include Flurbiprofen gel, Ketoprofen and Ketamine gel, Medrox patches and Naprosyn. The physical examination findings reveal in the cervical spine, paraspinal and periscapular spasms and tenderness. Motor strength of the upper extremities is 5/5. Limited ROM is noted in the cervical spine in flexion at 35/50, extension at 15/60, right rotation at 40/80, left rotation at 40/80, right lateral bend at 10/45 and left lateral bend at 5/45. Upper Extremity paresthesia is noted. The current diagnoses are: 1. 3-mm disc herniation L4-5 with facet and ligamentum flvum hypertrophy with trefoil shaped and bilateral foraminal stenosis and lateral recess stenosis 2. Herniated nucleus pulposus at L4-5 with left lower extremity radiculopathy 3. Statue post left carpal tunnel 4. Solid, status post anterior cervical decompression and fusion at C5-C7. 5. Hearing loss and tinnitus secondary to industrial injury 6. 5-mm L5-S1 disc herniation 7. Possible solid fusion at C5-C7. The utilization review report dated 04/22/14 denied the request for Topical Compound based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Ketoprofen 20%/Ketamine 10% 120 Gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page.

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

Decision rationale: The patient presents with neck, back and hand pain. The current request is for Compound: Ketoprofen 20%/Ketamine 10% 120 Gm. The treating physician indicates that the request is to help the patient with anti-inflammatory pain. The MTUS guidelines state, "Recommended as an option as indicated below. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application." In this case, the current request contains a component that is not recommended by the MTUS guidelines. The request is not medically necessary.