

Case Number:	CM15-0013242		
Date Assigned:	01/30/2015	Date of Injury:	02/21/2014
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/22/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

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 41 year old male who sustained a work related injury on February 21, 2014, carrying a ladder and injuring his right shoulder. Diagnoses of a right shoulder sprain, tendonitis bursitis, lumbar sprain, disc displacement and radiculopathy were made. He complained of headaches, right shoulder pain, low back pain with numbness and tingling. He refused physical therapy, electrical stimulation and acupuncture therapy. He was ordered on pain medication with some relief. Currently, in September, 2014, the injured worker complains of burning low back pain and numbness of the lower extremities. On December 23, 2014, a request for a prescription of Ketoprofen 20%; Cyclobenzaprine 5%; Dicoprofenol Suspension 5mg/ml; Deprizine Suspension 5mg/ml, Fanatrex Suspension 25 mg/ml; Tabradol Suspension 1mg/ml was non-certified by Utilization Review, noting the Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20%; Cyclobenzaprine 5%; Dicoprofenol Suspension 5mg/ml; Deprizine Suspension 5mg/ml; Fanatrex Suspension 25mg/ml; Tabradol Suspension 1mg/ml: 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) 112.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a topical compound. MTUS guidelines state the following: Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. According to the clinical documentation provided and current MTUS guidelines; any compound that contains Ketoprofen as a topical is not indicated as a medical necessity to the patient at this time.