

Case Number:	CM15-0113858		
Date Assigned:	06/22/2015	Date of Injury:	05/25/2014
Decision Date:	08/28/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, Florida, California

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 62 year old male, who sustained an industrial injury on May 25, 2014. He reported neck, left rib and low back pain. He also had a head laceration that required sutures. Treatment to date has included MRI, x-rays, medication, chiropractic care, back brace, physical therapy, nephrology, toxicology screens and psychological evaluation. Currently, the injured worker complains of occasional headaches, neck pain associated with slight numbness and tingling and is rated at 7-8 on 10. The pain is exacerbated by repetitive head and neck movement, forward bending, pushing, pulling working or reaching at or above his shoulders and prolonged positioning. He reports constant left rib pain and frequent low back pain. The back pain is exacerbated by prolonged sitting, standing and walking, laying down, kneeling, stooping, forward bending, negotiating stairs and curbs, pushing, pulling, rising from a seated position and vice versa, twisting and turning and is rated at 8-9 on 10 without medication and 6-7 on 10 with medication. He reports decreased functioning and difficulty engaging in activities of daily living due to the pain. He also reports sleep disturbance due to pain. He is currently diagnosed with cervical and lumbar myofascial pain superimposed on degenerative disc disease, headaches, hypertension and depression. His work status is temporary total disability. A note dated May 20, 2015; states physical therapy does not offer any therapeutic efficacy. It further states that chiropractic care offered some relief. A note dated May 5, 2015 states the injured worker is requesting topical non-steroidal anti-inflammatory medication as he experienced efficacy in the past. Due to failed oral non-steroidal anti-inflammatory medication due to gastric upset, per note dated May 5, 2015, and decreased kidney function, the medication Ketoprofen 10% in base 300 grams with 3 refills is requested for site specific pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10% in base 300 grams with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

Decision rationale: This claimant was injured in 2014 with a head laceration that required sutures. Currently, the injured worker complains of occasional headaches and neck pain. He is currently diagnosed with cervical and lumbar myofascial pain superimposed on degenerative disc disease, headaches, hypertension and depression. He reportedly failed non-steroidal anti-inflammatory medication due to gastric upset and decreased kidney function. MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. The request is appropriately non-certified and therefore not medically necessary.