

Case Number:	CM15-0116391		
Date Assigned:	06/24/2015	Date of Injury:	02/28/2014
Decision Date:	07/23/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/16/2015

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: 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 45 year old male, who sustained an industrial/work injury on 2/28/14. He reported initial complaints of low back pain with fracture of the pubic rami. The injured worker was diagnosed as having low back pain with radiculitis, bilateral hip strain/sprain, anxiety disorder, mood disorder, and sleep disorder. Treatment to date has included oral and topical medication, physical therapy, chiropractic therapy, diagnostics, and activity modification. Currently, the injured worker complains of low back pain described as burning along with muscle spasms. Pain is rated 7/10 and constant, moderate to severe. There is numbness and tingling of the bilateral lower extremities. There is burning, bilateral hip pain, and muscle spasms greater on the left and rated 7/10. There is also bilateral knee pain and muscle spasms rated 5/10. Per the orthopedic consultation progress report (PR-2) on 5/6/15, examination revealed palpable tenderness at the lumbar paraspinal muscles and over the lumbosacral junction, tenderness at the anterior pubic area, trigger points are noted at the quadratus lumborum, limited range of motion, and positive orthopedic tests. The hip exam noted tenderness at the gluteal and piriformis muscles and limited range of motion. The knee exam noted tenderness to palpation over the medial joint line, no instability, limited flexion, and positive Apley's compression test and patellar grinding bilaterally. Sensation was decreased at L4, 5, S1, and motor strength at 4/5 in the lower extremities. The requested treatments include Ketoprofen 20% cream 167gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 167gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 112.

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

Decision rationale: MTUS Guidelines are very specific in stating that only FDA approved topicals are recommended for use. The Guidelines specifically state that Ketoprofen is not recommended due to the high incidence of photo-sensitivity. Other FDA approved NSAID topicals are recommended in the Guidelines as alternatives. There are no unusual circumstances to justify an exception to Guidelines. The compounded Ketoprofen 20% cream 167 gms. is not supported by Guidelines and is not medically necessary.