

Case Number:	CM15-0116677		
Date Assigned:	06/25/2015	Date of Injury:	10/17/2008
Decision Date:	08/06/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/17/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 53-year-old male who sustained an industrial injury on 10/17/2008. He has reported subsequent low back pain radiating to the lower extremities and was diagnosed with herniated nucleus pulposus of the lumbar spine, facet arthropathy of the lumbar spine, chronic pain syndrome and lumbar radiculopathy. Treatment to date has included oral and topical pain medication, chiropractic treatment, aquatherapy, acupuncture, physical therapy, lumbar epidural steroid injections and surgery. Ketoprofen cream was documented as having been prescribed since at least 11/07/2014. In a progress note dated 04/20/2015, the injured worker complained of ongoing low back pain with radiation of numbness, tingling and cramping pain in the bilateral lower extremities as well as radiation of pain to the shoulder blades. There is also no significant change in overall condition since the prior visit. Objective findings were notable for positive straight leg raise on the right at 30 degrees with tingling in the right heel, decreased sensation to light touch and pinprick in the right L4 and L5 dermatomes, a severely antalgic gait, hypertonicity at the bilateral thoracic and lumbar paraspinals, tenderness to palpation of the thoracic and lumbar paraspinals, decreased range of motion of the thoracic and lumbar spine due to pain, positive facet loading test and slight weakness of the bilateral hips and knees. A request for authorization of CM3 - Ketoprofen 20% was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3 - Ketoprofen 20%: 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): 111-113.

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." As per MTUS, Ketoprofen "is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." Documentation shows that the injured had been using topical Ketoprofen as far back as 11/07/2014. Topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder, and topical NSAIDS are not recommended for neuropathic pain. This injured worker has chronic low back pain. The FDA for topical use does not currently approve topical Ketoprofen and there is no documentation of a failure of first line therapy. As topical ketoprofen is not FDA approved, it is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Therefore, the request for authorization of CM3 - Ketoprofen 20% is not medically necessary.