

Case Number:	CM15-0119470		
Date Assigned:	10/27/2015	Date of Injury:	10/21/2013
Decision Date:	12/08/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric
 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 29-year-old male who sustained an industrial injury on 10-21- 2013. According to a progress report dated 04-22-2015, the injured worker reported low back pain with left greater than right lower extremity symptoms. Pain was rated 7 on a scale of 1-10. The injured worker desired options to eliminate oral analgesics. Concern was expressed in regards to side effects. The provider noted, "Recall successful trial of topical NSAID (nonsteroidal anti-inflammatory drug) as this did decrease pain 5 points on a scale of 10, lumbar spine and 30% improved range of motion with flexion and extension as well as improved tolerance to standing and walking 40% of the time." Objective findings included tenderness of the lumbar spine. Lumbar range of motion was 50 degrees with flexion, 40 with extension, 40 with left and right lateral tilt and 40 with left and right rotation. Positive straight leg raise left for pain to foot and right for pain to distal calf was noted. Diminished sensation L5 and S1 dermatome distributions were noted. The provider noted "provided failed first and second line NSAID options due to adverse gastrointestinal effects non-efficacious respectively." The treatment plan included lumbar decompression, physical therapy and Ketoprofen 10% 300 grams with 3 refills. Diagnoses included protrusion L5-S1 with neural encroachment and radiculopathy, refractory. On 05-18-2015, the injured worker underwent L5-S1 decompressive hemilaminotomy with foraminotomy and partial facetectomy. According to a progress report dated 05-29-2015, the injured worker was status post lumbar decompression on 05-18-2015. He reported low back pain with left greater the right lower extremity symptoms. Pain was rated 6. The provider noted there was a successful trial with objective improvement with topical compound. Specific

examples were not provided. The provider noted that the topical was to decrease medication consumption and facilitate improved tolerance to a variety of activity. The injured worker was having difficulty tapering medication to date. The treatment plan included physical therapy, Hydrocodone and Ketoprofen. On 06-02-2015, Utilization Review non-certified the request for 1 prescription of topical compound Ketoprofen 10% 300 grams with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of topical compound Ketoprofen 10% 300gm with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain: Ketoprofen, topical (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy about pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical ketoprofen in this injured worker, the records do not provide clinical evidence to support medical necessity.