MAXIMUS Federal Services

Case Number:	CM15-0170581		
Date Assigned:	09/11/2015	Date of Injury:	06/15/2011
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, California
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 43 year old male who sustained an industrial injury on June 15, 2011. The accident was described as while working lifting cases of water he experienced injury. A primary treating office visit dated January 16, 2015 reported the worker being status post right lumbar epidural injection with noted moderate relief of low back pain by 40% and radicular symptom 60-70 % improved. Medications showed Motrin only. He was diagnosed with lumbar radiculopathy and status post epidural injection. The plan of care noted continuing with home exercise program, Motrin and follow up in 6 weeks. There is another primary follow up dated January 28, 2015 that reported subjective complaint of with continued lumbar spine pain and radicular symptom to lower extremities. He continues seeing a psychiatrist. He is also with complaint of having gastric upset and erectile dysfunction. He is noted as permanent and stationary. A primary follow up visit dated March 17, 2015 reported pain management consultation being approved but the worker needs to change providers as that one is not in network. There is discussion to refill Norco 10mg 325mg with note of the provider being uncomfortable prescribing such high doses as the worker is taking it up to 4 times daily. Furthermore, there is note of the worker having 15 days' supply and an additional refill to accommodate two pills daily until he seeks medical pain management consultation. Other medications refilled to include: Neurontin, Tizanidine, ibuprofen, and Narcosoft. A pain consultation visit dated May 20, 2015 reported current medications as: Gabapentin 400mg, Zanaflex, ibuprofen, Prilosec, topical lotion, Xanax, Temazepam, Zoloft, Buspar, Prasozin and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (Ketoprofen 10% duration and frequency unknown) dispensed on 6/16/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. In this case, the claimant was on opioids and oral NSAIDS. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant did not have diagnoses to support its use as well. The Ketoprofen is not medically necessary.