

Case Number:	CM15-0042864		
Date Assigned:	03/13/2015	Date of Injury:	11/30/2004
Decision Date:	04/22/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/06/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 51 year old male with an industrial injury dated November 30, 2004. The injured worker diagnoses include chronic low back pain. Treatment to date has included diagnostic studies, prescribed medications, home exercise therapy and periodic follow up visits. According to the progress note dated 1/12/2015, the injured worker currently complains of chronic low back pain and leg pain issues. Physical exam revealed physical distress and slow and antalgic gait. The treating physician impression included chronic low back pain referring down legs, with increased symptoms and dysfunction. The treating physician prescribed Ketoprofen 10%/Cyclobenzaprine 3%/Capsaicin 0.0375%/ Menthol 2%/Camphor and Ketoprofen 20% now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%/ Cyclobenzaprine 3%/ Capsaicin 0.0375%/ Menthol 2%/ Camphor 1%:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: Guidelines state topical ketoprofen is not approved for topical application. Guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Muscle relaxants are also not supported by guidelines for topical use and capsaicin is recommended only if other options have failed. Thus, the request for ketoprofen 10%, cyclobenzaprine 3% capsaicin 0.0375% menthol 2% in UL #1 is not medically necessary and appropriate.

Ketoprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111.

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

Decision rationale: This patient is suffering from weakness and numbness in both lower extremities. Guidelines state that topical ketoprofen is not approved for topical application. Furthermore, topical agents are experimental, as clinical trials have not proven efficacy. Thus, the request for ketoprofen 20% is not medically necessary and appropriate.