

Case Number:	CM15-0046633		
Date Assigned:	03/18/2015	Date of Injury:	01/30/2014
Decision Date:	05/28/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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: Texas, Illinois

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 55 year old male, who sustained an industrial injury on 1/30/2014. He reported head, neck and bilateral ear pain. The injured worker was diagnosed as having headaches, ear pain, hearing loss, cervical spine sprain/strain, and cervical radiculopathy. Treatment to date has included physical therapy. The request is for Ketoprofen 20% cream 167 grams. On 2/20/2015, he complained of sharp throbbing headaches at the base of the skull and temporal region. He rated his pain as 6-7/10 on a pain scale. He also complains of bilateral ear pain and hearing loss, along with neck pain he rated 8/10. The treatment plan included: physical therapy, chiropractic treatment, acupuncture, and functional capacity evaluation. The records indicate he feels medications help to improve his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 167 GM thin layer TID: 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: The injured worker sustained a work related injury on 1/30/2014. The medical records provided indicate the diagnosis of headaches, ear pain, hearing loss, cervical spine sprain/strain, and cervical radiculopathy. Treatment to date has included magnetic resonance imaging, and physical therapy. The medical records provided for review do not indicate a medical necessity for Ketoprofen 20% cream 167 GM thin layer TID. Ketoprofen cream is a topical analgesic. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Ketoprofen is not FDA-approved as a topical analgesic. Therefore the request is not medically necessary.