

Case Number:	CM15-0077021		
Date Assigned:	04/28/2015	Date of Injury:	10/15/2009
Decision Date:	07/03/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/22/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64 year old male, who sustained an industrial injury on 10/15/2009. He reported an injury to the left chest wall that was noted to be a contusion. The injured worker was diagnosed as having chronic back and neck complaints, right shoulder impingement, soft tissue mass of unknown etiology, left anterior chest/sternal pain with costochondritis symptoms, lumbar radiculopathy, herniated nucleus pulposus of the lumbar spine with stenosis, degenerative disc disease with facet arthropathy and retrolisthesis at cervical four through cervical five and canal stenosis at cervical three through cervical seven along with neural narrowing at cervical two through seven. Treatment and diagnostic studies to date has included laboratory studies, home exercise program, medication regimen, use of a cane, and use of a corset. In a progress note dated 03/16/2015 the treating physician reports complaints of aching pain to the neck that radiates to the bilateral upper extremities into the hands along with aching, stabbing pain to the low back that radiates to the bilateral lower extremities into the toes with the left greater than the right. The injured worker's neck pain level is rated an 8 out of 10 and the back pain is rated a 7 to 8 out of 10, but the documentation did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. The injured worker's current medication regimen includes Ultracet, use of Terocin Patches, and topical Ketoprofen Cream. The injured worker notes that the medication regimen assists with pain reduction and improves activities of daily living. The documentation from the injured worker's questionnaire

further noted that the topical cream assists to decrease the injured worker's pain level, assist with improving sleep, allows the injured worker to take less of his oral medication, and assists with his level of function. The treating physician requested the medication regimen Ketoprofen Cream at 20% a two month supply to assist the injured worker with weaning off of narcotic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Ketoprofen gel is recommended as topical analgesics for chronic pain. Ketoprofen gel, a topical analgesic is not recommended by MTUS guidelines. Furthermore, Ketoprofen was reported to have frequent photocontact dermatitis. There is no documentation that the patient failed NSAID. Based on the above Ketoprofen 20% cream is not medically necessary.