

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0092675 | | |
| Date Assigned: | 05/19/2015 | Date of Injury: | 01/23/2009 |
| Decision Date: | 06/18/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 05/13/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old female with an industrial injury dated 09/23/2009. The mechanism of injury is documented as a fall of approximately 14 feet injuring her right elbow, back, right hand and head. She also reports another injury where she was attacked by a patient injuring her left hand. Her diagnoses included chronic pain syndrome, rule out right occipital neuralgia, sacroiliitis left greater than right - acute, bilateral hip pain, cervical spondylosis and reflex sympathetic dystrophy. MRI of the cervical and lumbar spine and electro diagnostic study are documented in this note. Actual reports are not in the submitted records. Prior treatments included cervical medial branch block on 01/28/2014 (with some relief), 8 sessions of acupuncture, which helped her pain, and 3 sessions of chiropractic therapy with moderate reduction in pain. She presents on 03/05/2015 with complaints of aching neck pain rated as 8-10/10 with radiation into bilateral upper extremities going to the fingertips. She also complained of low back pain with radiation of pain, spasms, numbness and weakness into bilateral lower extremities. She rated her pain as 8-10/10. Her current medications include Ibuprofen, Skelaxin and Gabapentin cream, which improve her pain and her ability to sleep. The injured worker was tearful throughout her visit, wearing a cervical collar and walking with a cane. There was tenderness to palpation over the cervical facet joints at cervical 2-3 and cervical 3-4. There was tenderness to palpation over the right occiput. Lumbar spine was positive for straight leg raise bilaterally at 60 degrees, positive sacroiliac joint loading, and tenderness over the lumbar facets. There was tenderness in the left hand. Treatment plan included discussion with the injured worker about treatment options, current medication management, pain medications and follow up. Treatment plan is for Ketoprofen 20%, medication panel to evaluate complications with medicine use and Vicodin 5/300 #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3 - Ketoprofen 20% (unknown qty): 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 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: Regarding the request for topical ketoprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Ketoprofen is not FDA approved for a topical application. Within the documentation available for review, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical ketoprofen is for short-term use, as recommended by guidelines. Additionally, Ketoprofen is not FDA approved for a topical application in the absence of clarity regarding those issues, the currently requested topical ketoprofen is not medically necessary.