

Case Number:	CM15-0093913		
Date Assigned:	05/20/2015	Date of Injury:	12/13/2010
Decision Date:	06/25/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/15/2015

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, New York, California
 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 applicant is a represented 56-year-old who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of December 13, 2010. In a Utilization Review report dated May 12, 2015, the claims administrator denied a ketoprofen containing topical compound. The claims administrator a RFA form received on May 5, 2015 in its determination along with an associated progress note of April 14, 2015. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant was given prescriptions of Norco and Flexeril for ongoing complaints of neck, low back, and shoulder pain. The applicant was not working, it was acknowledged in an associated questionnaire of the same date. On April 9, 2015, the topical compounded ketoprofen containing agent was endorsed, seemingly for complaints of knee pain. The applicant was described as using BuTrans, Colace, Norco, and Flexeril on that date. The applicant was also using Flexeril, Norco, Colace, and BuTrans as of that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3-Ketoprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: No, the request for a topical compounded ketoprofen containing cream was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not FDA approved for topical application purposes owing to a high incidence of photo contact dermatitis. The attending provider failed to furnish a rationale for selection of this particular agent in the face of the unfavorable MTUS position on the same. It is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco, Flexeril, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent in question. Therefore, the request was not medically necessary.