

<b>Case Number:</b>	CM13-0026077		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. The guidelines used by the Claims Administrator are not clearly stated in the UR determination. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 47-year-old male the date of injury of May 2009, August 2009 and a CT claim from January 1993 to August 2010. The patient has complaints of right wrist, right knee and right ankle pain. Patient's treatment included physical therapy medication patient also had right wrist surgery in 2/2013. The requesting report was not available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen/Lidocaine 30 day cream, 150 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** This medication is not medically necessary. The applicant does not appear to have tried and/or failed first line oral analgesics, which, per ACOEM in chapter 3, are a first line palliative method; this evaluation was done with current records given. There is, consequently, no support for usage of topical agents and/or topical compounds, which are per ACOEM table 3-1 "not recommended" and are, per page 111 of the MTUS Chronic Pain

Medical Treatment Guidelines "largely experimental." Therefore, the original utilization review decision is upheld. CA MTUS states regarding topical Analgesics: Topical Analgesics Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) Therefore as guides do not recommend these medications for this situation, it is not medically necessary.