

<b>Case Number:</b>	CM13-0035444		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 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/services. 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 44-year-old male with date of injury of 08/03/2011. The mechanism of injury was a slip and fall. The patient is diagnosed with ankle tendonitis/bursitis, degenerative joint disease of the subtalar joint, left foot, exostosis, and degenerative joint disease of multiple tarsal bones, left foot, tarsal coalition, left foot. The patient was seen on 10/30/2013 for a follow-up and reassessment of the left foot subtalar joint arthrodesis performed on 08/08/2013. The patient noted that he had been ambulating with a CAM walker boot. The patient noted a huge improvement of the pain level from the preoperative state and reports a reduction of pain by 70% to 75%. The patient notes taking Norco occasionally one to two (1 to 2) per week and has been using bone stimulator as directed. On examination, neurovascular status appears intact. The physician noted no evidence of neuritis, numbness or neuropathy, but minimal edema was present.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR PRESCRIPTION OF KETOPROFEN/LIDOCAINE/BACLOFEN (DURATION AND FREQUENCY UNKNOWN) DISPENSED ON 4/25/13 FOR LEFT ANKLE SYMPTOMS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, TOPICAL SALICYLATE. Page(s): 111-113, 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

**Decision rationale:** The patient is a 44-year-old male that came in and saw the doctor on 10/30/2013 for a follow-up and reassessment of the left foot subtalar joint arthrodesis performed on 08/08/2013. The patient noted that the pain level has improved since surgery 70% to 75%, only taking one to two (1 to 2) Norco per week and using a bone stimulator as directed. The current documentation provided did not note that the patient was using ketoprofen/lidocaine/baclofen and the effectiveness of it. At this point, the patient is having minimal pain and the pain level has decreased 70% to 75%. The patient only needed one to two (1 to 2) Norco tablets at this point for pain. The documentation on 10/30/2013 does not note the use of this requested cream at this point. The Chronic Pain indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one (1) drug or drug class that is not recommended is not recommended. Ketoprofen is a non-steroidal anti-inflammatory agent and is not FDA approved at this point for topical application. It is also noted there was no duration or frequency noted for this. Per the documentation that has been sent for review, it does not show that this medication had been used recently, also that the patient's pain level has decreased 70% to 75%. The guidelines do not recommend Ketoprofen due to being a non FDA approved agent at this point. Therefore, the request is non-certified.