

<b>Case Number:</b>	CM13-0040023		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/25/2007
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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. 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 34 year old male who reported an injury on 06/25/2007. The mechanism of injury was not provided in the medical record. Review of the medical record revealed the patient has had complaints of low back pain for 7 years. In a clinical note dated 08/23/2013 the patient continued to complain of significant low back pain, with radiculopathy. There was noted decreased range of motion to the lumbar spine upon examination, and tenderness to palpation. On 08/13/2013 the patient went to emergency room with complaints of low pain and Percocet was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 20% cream for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** California MTUS guidelines indicate that Ketoprofen is a non FDA-approved agent for a topical application. California MTUS also states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical

application. The compound also included topical Ketamine which is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. There is no clinical documentation of a sensitivity or inability to tolerate oral analgesics by the patient, which indicate a need for a different form of medication aside from oral medications. The guidelines do not recommend Ketoprofen and as such the use of the compound would not be supported. As such the request for Ketoprofen 20% cream for lumbar spine is non-certified.