

<b>Case Number:</b>	CM13-0041790		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 48-year-old male who reported an injury on 04/20/2011. The mechanism of injury was stated to be the patient and his supervisor were lifting off a lid of a heavy wood chipper and the supervisor lost the grip of the lid. The patient supported the weight of the lid and fell back in a seated position onto a cement floor. The patient was noted to have 42 physical therapy sessions and 6 acupuncture sessions, as well as 24 sessions of chiropractic therapy with only mild relief. The request was made for a lumbar epidural steroid injection and keto-ultra cream 20%. The patient's diagnoses were noted to include lumbosacral sprain and bilateral sciatica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keto-Ultra cream 20% 180gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS indicates 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 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 patient was noted to have a gait that was within normal limits and was noted to move about without difficulty. It was indicated the medication would help the patient with pain. There was lack of documentation indicating the necessity for a refill of the medication. Additionally, there was lack of documentation indicating exceptional factors to warrant non-adherence to FDA Guidelines, as well as California MTUS Guidelines. Given the above, the request for keto-ultra cream 20% 180 grams with 1 refill is not medically necessary.