

<b>Case Number:</b>	CM13-0066028		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/13/2005
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 37-year-old male who reported an injury on 5/13/05; the mechanism of injury was not provided for review. The clinical note dated 1/15/13 noted that the injured worker presented with tenderness from the L1-S1 region and palpable tenderness in the bilateral paraspinal muscle region. Upon examination, there was a positive leg raise with bilateral leg raise in the sitting position, left greater than right. There was palpable tenderness on the left fat pad region of the knee, bilateral elbow, lateral epicondyle region, pectoralis major region bilaterally, upper trapezius bilaterally, and levator scapular region bilaterally, which are positive trigger points for fibromyalgia. The diagnoses were cervical thoracic strain with resulting cephalgia significant spinal stenosis and foraminal narrowing, lumbar spine discopathy, abdominal diagnosis, psychiatric diagnosis, and fibromyalgia. Prior treatments included physical therapy, Cymbalta, Omeprazole, Hydrocodone, Voltaren gel, and a request for TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN 20% 120 G:** 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 Chronic Pain Medical Treatment Guidelines Topical Analgesics, Page(s): 111. Decision based on Non-

MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES ,  
TOPICAL ANALGESICS ,

**Decision rationale:** The California MTUS Guidelines state that transdermal medications are largely experimental in use with few randomized controlled trials to determine efficacy and safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Also, any compounding product that contains at least one drug that is not recommended is not recommended. Topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular, that of the knee, elbow, or other joints that are amenable to topical treatment. It is recommended for short term use, between 4 and 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. An adequate examination of the injured worker was not provided detailing current deficits to warrant the use of ketoprofen. The medical documents provided lacked evidence that the injured worker had a diagnosis which would be congruent with the guideline recommendation for topical NSAIDs. The provider's request did not include the site as to which the ketoprofen cream was indicated for. As such, the request is not medically necessary.