

<b>Case Number:</b>	CM14-0001803		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Pain Management 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 injured worker is a 53 year-old female who suffered work related injuries on September 10, 2012. On November 18, 2013, she presented for follow up of her neck and back pain which she rated at 8 out of 10 on the pain scale. She reported that her low back pain radiated down to both legs with an associated numbness sensation. There was neck pain that radiated down her arms with associated numbness as well. She further complained that her pain continued to be severe. She had an electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral upper extremities and the lower extremities. She has had ongoing chiropractic treatment which has helped somewhat to decrease her pain and allowed her to increase her activities. She also reported that her current medications help decrease her pain and allow her to increase her walking distance by about 10 to 15 minutes. Examination of the spine revealed diffused tenderness over the cervical and thoracic paraspinous regions, as well as over the lower lumbar facet regions, bilaterally. Range of motion of the cervical spine, as well as the lumbar spine was limited in all planes. Hyperesthesia was present in the right C7 and C8 dermatomes. She is diagnosed with chronic neck and back pain, bilateral knee arthralgia, bilateral hand arthralgia and cervical and lumbar radiculopathies. Treatment plan included recommendations for magnetic resonance imaging (MRI) scans of the cervical, thoracic and lumbar spines. Medications were prescribed including Ketoprofen 75 mg #90 taken 8 to 12 hours as needed for pain, as well as LidoPro cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOPRO TOPICAL OINTMENT 4OZ:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics.

**Decision rationale:** The medical records received have limited information to support the necessity of LidoPro topical ointment. There is a lack of documentation that the injured worker has tried first line therapy for neuropathic pain prior to this medication. In addition, objective findings only showed tenderness over the paraspinous regions of the cervical and thoracic spines as well as over the lumbar facet regions, and hyperesthesia in the right C7 and C8 dermatomes; which are signs of radiculopathy. Neurologic findings with muscle strength and reflexes within normal limits, and negative orthopedic tests were indicated. Therefore, according to the Chronic Pain Guidelines and the Official Disability Guidelines, the requested medication is considered not medically necessary for the patient at this time.

**KETOPROFEN 75MG CAPS TIMES 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-68.

**Decision rationale:** There is limited documentation that the injured worker failed first-line treatment, as well as other conservative measures to address her complaints of neck and back pain. Ketoprofen is a type of medication that is recommended as an option for short-term symptomatic relief for chronic low back pain. However, with this injured worker's case, utilization of such medication has already been on a long-term basis. Therefore, according to the Chronic Pain Guidelines, the requested medication is not considered medically necessary for the patient at this time.