

<b>Case Number:</b>	CM14-0004630		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	08/29/2010
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 51 year old male with date of injury 8/29/10. The treating physician report dated 11/15/13 indicates that the patient presents with 7-8/10 pain affecting the lower back. The current diagnoses are: Lumbar strain, Lumbar discogenic pain, Lumbar facet syndrome, Lumbosacral radiculopathy, Ischial bursitis, Piriformis syndrome, Hip pain with capsulitis, Ankle sprain, Ankle pain, and chronic pain. The utilization review report dated 12/19/13 denied the request for Ketopr/Ketam/Lidoc/Qabai cream based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPR/KETAM/LIDOC/QABAO CREAM STANDARD. 1/2 TSP TID TO AFFECTED AREA ONE TUB, NO REFILLS:** Upheld

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

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

**Decision rationale:** The patient presents with chronic pain affecting the lumbar spine, hip and ankle. The current request is for a topical compounded analgesic, Ketopr/Ketam/Lidoc/Qabai

cream. The treating physician report dated 11/15/13 states that the patient is using Medrox cream, Voltaren gel and Dendracin cream. The current request is a compounded topical analgesic containing Ketoprofen. The MTUS guidelines on page 111, under topical analgesics, give a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states Ketoprofen is not FDA approved for topical applications. Therefore any compounded product that contains Ketoprofen is not recommended. Recommendation is for denial.