

<b>Case Number:</b>	CM14-0015305		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/12/1998
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 67-year-old male who reported an injury on 02/12/1998, with the mechanism of injury not provided within the documentation. In the clinical notes dated 03/26/2013, the injured worker continued to complain of left hip area pain. He rated his pain level at 4/10 with the use of his prescribed medications. The prescribed medications were documented as Celebrex 200 mg, Norco 10/325 mg, and topical ketoprofen cream. In the physical examination, it was noted that there was decreased range of motion in both hips with tenderness and pain to palpation on the left greater trochanteric area. The diagnoses included chronic bilateral hip pain, history of left total hip replacement, and chronic low back pain. The treatment plan included a renewal of the injured worker's prescribed medications with the no change in dosage and a request for a chiropractic evaluation and treatment for the injured worker's right hip and low back pain. The Request for Authorization for ketoprofen for pain relief was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN POWDER 30 GM FOR DOS 8/8/11:** Upheld

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

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

**Decision rationale:** The request for Ketoprofen powder 30 gm for DOS 11/07/2011 is non-certified. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The primary physician recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. In the clinical notes provided for review, it was indicated that the injured worker rated his pain at 4/10 with prescribed medications; however, it was unclear or unspecified which medications gave relief. Also, in the physical examination, within the clinical notes, there lacked documentation of the injured worker having neuropathic pain. The guidelines state that topical analgesics are recommended for neuropathic pain. However, the guidelines also state that topical Ketoprofen is not approved for topical application. Therefore, the request for Ketoprofen powder, 30 grams for DOS 11/07/2011, is not medically necessary.

**KETOPROFEN POWDER 30 GM FOR DOS 11/7/11:** Upheld

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

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

**Decision rationale:** The request for Ketoprofen powder 30 gm for DOS 08/08/2011 is non-certified. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The primary physician recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. In the clinical notes provided for review, it was indicated that the injured worker rated his pain level at 4/10 with his prescribed medications; however, it was unspecified which prescribed medications gave him measurable pain relief. Also, in the physical examination within the clinical notes, there lacked documentation of the injured worker having neuropathic pain. The guidelines state that topical analgesics are recommended for neuropathic pain. However, the guidelines also state that topical Ketoprofen is not approved for topical application. Therefore, the request for ketoprofen powder, 30 grams for DOS 08/08/2011, is not medically necessary.