

<b>Case Number:</b>	CM14-0129187		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	11/02/2009
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 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:

According to the records made available for review, this is a 51-year-old male with a 11/2/09 date of injury. At the time (6/18/14) of request for authorization for Ketoprofen 20%/Ketamine 10% Gel, 120gm, there is documentation of subjective (neck, low back, bilateral shoulder, and right hand pain) and objective (blood pressure of 135/75 and body mass index of 34) findings, current diagnoses (lumbar herniated nucleus pulposus, cervical spine degenerative disc disease, chronic pain syndrome, chronic low back pain, facet syndrome of the lumbar spine, and cervical radiculitis), and treatment to date (medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 20%/Ketamine 10% Gel, 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Compound Drugs.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen,

Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar strain and left knee strain/sprain. However, Ketoprofen 20%/Ketamine 10% Gel contains at least one component (Ketoprofen) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription for Ketoprofen 20%/Ketamine 10% Gel, 120gm is not medically necessary.