

<b>Case Number:</b>	CM14-0151183		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Occupational Medicine, 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 claimant was injured due to cumulative trauma from 08/01/00 through 04/26/13 and on 08/09/12. Ketoprofen 20% 165 gm to apply TID is under review. He has also been prescribed oral supplements on 03/12/14 and on 03/30/14. A drug screen dated 07/18/14 indicated the presence of acetaminophen, alprazolam, and hydrofluoric hydrocodone. Ketoprofen cream, cyclobenzaprine and oral supplements were recommended on 07/18/14. Other diagnoses have included radiculopathy of the cervical and lumbar regions. He stated his medications afford him temporary relief and improve his ability to have restful sleep. Acupuncture was also recommended on 07/18/14. On 07/21/14, ketoprofen and cyclobenzaprine creams were ordered. The oral supplements were again recommended. On 07/25/14, trigger point impedance imaging was recommended for his low back. On 08/18/14, compounded cyclobenzaprine and ketoprofen creams were recommended. A drug screen that day demonstrated the presence of benzodiazepines, meprobamate, and opiates. On 09/03/14, the diagnoses were cervical and low back sprain. He had severe pain at 7/10 in the cervical spine and 8/10 in the lumbar spine. He has a medical history of hypertension and increased cholesterol. He had no limp and couldn't ambulate without problems. He had some functional limitations. On 09/05/14, ketoprofen cream was ordered. On 09/10/14, he complained of severe neck and low back pain. Chiropractic, myofascial release, and biofeedback were ordered. On 09/15/14, he reportedly received myofascial release and therapeutic exercise. He still had severe discomfort.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN 20% 165 GM APPLY TID:** 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): 143.

**Decision rationale:** The history and documentation do not objectively support the request for ketoprofen 20% 165 gm to apply TID. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs including acetaminophen, anti-inflammatories, and anti-neuropathic agents. The claimant was also receiving other medications including alprazolam, acetaminophen, and hydrocodone and local modalities and there is no documentation of intolerance or lack of effectiveness. There is no evidence of failed trials local modalities such as ice/heat and exercise. The medical necessity of this request for the topical analgesic ketoprofen 20% 165 gm to apply TID has not been clearly demonstrated.