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| <b>Case Number:</b>   | CM14-0166936 |                              |            |
| <b>Date Assigned:</b> | 10/14/2014   | <b>Date of Injury:</b>       | 04/06/2004 |
| <b>Decision Date:</b> | 12/11/2014   | <b>UR Denial Date:</b>       | 09/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/09/2014 |

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 47 year old male who sustained industrial injuries on 07/22/02, 04/14/04 and 04/06/04. He had laminectomy and fusion in September 2004. His complaints during the visit on 06/24/14 were right hip, right knee and low back pain. Treatment consisted of physical therapy, lumbar fusion and oral medications without relief of pain. He had tenderness to palpation over the right SI joint, with degenerative joint disease in x-rays of right knee and hip. His diagnoses were right SI joint dysfunction and right knee DJD. The pain management note from 09/09/14 was reviewed. His complaints were low back pain, 5/10 to 10/10, constant with radiating throughout the body. He also had stiffness in neck, shoulders and arms with difficulty doing activities. He also had lower extremity aching pain and numbness. He was using a single point cane for ambulation. He was taking Naproxen as needed for pain. He wanted conservative therapy. He had aquatherapy in past with some benefit. Pertinent examination findings included decreased lower extremity sensation to the right L5 dermatome, positive straight leg raising test and tender lumbar spine. Diagnoses included status post lumbar fusion, lumbar radiculopathy and failed back syndrome. The request was for Ketoprofen cream and massage therapy 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112-113.

**Decision rationale:** According to Chronic Pain Medical treatment guidelines, topical analgesics with Ketoprofen are not FDA approved due to the high incidence of photocontact dermatitis. In addition, topical NSAIDs are recommended for smaller joints like knee, elbow, hand and feet. The employee had low back issues which is not amenable to topical NSAID therapy. Topical Ketoprofen is not medically necessary or appropriate.

**Massage Therapy for the Lumbar Spine, 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** According to MTUS, Chronic pain medical treatment guidelines, massage therapy is recommended as an adjunct to other recommended treatment and should be limited to 4 to 6 visits in most cases. The current request of 12 visits is more than the recommended 4 to 6 visits and hence is not medically necessary or appropriate.