

<b>Case Number:</b>	CM14-0022355		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 employee is a 78-year-old gentleman who sustained a work related injury on February 27, 2012. The most recent office visit with this patient is dated January 29, 2014, and the injured employee complained of low back pain, and left knee pain. There was a prior history of the left knee arthroscopy and a lumbar spine MRI. The physical examination on this date showed tenderness to the lower lumbar paraspinal muscles and facet joints. Lumbar spine motion noted increased pain with flexion rather than extension. Examination of the left knee noted decreased range of motion as well as pain with motion. There was tenderness at the medial joint line of the left knee. There was a diagnosis of bilateral lumbar facet pain at L4/L5 and L5/S1, lumbar facet arthropathy, disc protrusion at L3/L4, L4/L5, and L5/S1, grade 1 spondylolisthesis of L5, lumbar sprain/strain, left knee degenerative joint disease, and left knee meniscal tear. A previous independent medical review dated February 12, 2014, did not certify the use of ketoprofen cream, or lumbar facet medial branch blocks. This review did certify use of glucosamine, hydrocodone, and urine drug screens.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Topical analgesics Page(s): 111 of 127.

**Decision rationale:** While the California Medical Treatment Utilization Schedule (CAMTUS), Chronic Pain Medical Treatment Guidelines endorses the use of topical anti-inflammatory for the treatment of arthritis, Ketoprofen is not currently FDA approved for topical application. There is extremely high incidence of photo contact dermatitis with this medication. For this reason this request for topical Ketoprofen is not medically necessary.

**1 FLUOROSCOPICALLY GUIDED DIAGNOSTIC BILATERAL L4-L5 AND L5-S1 FACET JOINT MEDIAL BRANCH BLOCK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ACOEM 2004 OMPG Low Back, Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) medical treatment guidelines does not endorse the use of invasive injections such as facet joint injections or medial branch blocks as they have been found to be of questionable merit. The Official Disability Guidelines (odg) recommends this procedure for potential diagnostics and not for treatment purposes. For these multiple reasons this request for lumbar spine medial branch blocks is not medically necessary.