

<b>Case Number:</b>	CM14-0027101		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/12/1998
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 and Washington. 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 76-year-old female who reported an injury on 09/12/1998. The mechanism of injury was not provided for clinical review. The diagnoses include degenerative disc disease of the lumbar spine, facet arthropathy of the lumbar spine, vacuum disc, acute knee complaints, and status post MLD in 2000. Previous treatments include medication and surgery. Within the clinical note dated 10/16/2013, it reported the injured worker complained of low back pain and bilateral leg cramping, which she rated 7/10 in severity. Upon the physical examination, the provider noted the injured worker walked with a forward flexed position. Range of motion of the lumbar spine was flexion at 30 degrees and extension at 5 degrees. The provider indicated the injured worker had generalized weakness of the lower extremity which was non-localizing. She had tenderness to palpation of the lumbar spine with spasms noted into the left paraspinal region. The provider indicated sensation to light touch was decreased at L4-S1. The provider requested Lido Pro topical ointment and CM3 ketoprofen topical compound. However, a rationale was not provided for clinical review. The Request for Authorization was provided and submitted on 10/16/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOPRO TOPICAL OINTMENT (MENTHOL,METHYL SALICYLATE,LIDOCAINE AND CAPSAICIN) 4 OZ #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

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

**Decision rationale:** The request for Lido Pro topical ointment (menthol, methyl salicylate, lidocaine, and capsaicin) 4 oz #1 not medically necessary. The injured worker complained of low back pain and bilateral leg cramping. She rated her pain 7/10 in severity. The California MTUS Guidelines note that topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 weeks to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available in a 0.025% formulation. It is noted there have been no studies of a 0.0375% formulation of capsaicin, and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. Lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. There is a lack of documentation indicating the injured worker is treated for, or diagnosed with, osteoarthritis or neuropathic pain. There is a lack of documentation indicating the injured worker had tried and failed first line agents for the management of neuropathic pain. The injured worker has been utilizing the medication for an extended period of time since at least 10/2013, which exceeds the guidelines' recommendation of short term use of 4 weeks to 12 weeks. The request submitted failed to provide a treatment site. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**CM3-KETOPROFEN 20% TOPICAL COMPOUND:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

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

**Decision rationale:** The request for CM3-ketoprofen 20% topical compound is not medically necessary. The injured worker complained of low back pain and bilateral leg cramping. She rated her pain 7/10 in severity. The California MTUS Guidelines note that topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 weeks to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines note ketoprofen is a non FDA medication. Ketoprofen is an agent that is not currently FDA approved for topical application. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and

the quantity of the medication. The request submitted failed to provide the treatment site. Additionally, the injured worker has been utilizing the medication since at least 10/2013, which exceeds the guidelines' recommendations of short term use of 4 weeks to 12 weeks. Therefore, the request is not medically necessary.