

<b>Case Number:</b>	CM14-0043433		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Nevada. 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 records presented for review indicate that this 24 year-old individual was reportedly injured on August 6, 2012. The mechanism of injury is noted as lifting cases of water. The most recent progress note, dated December 4, 2013, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated the lumbar surgeries are to be clean, dry and intact; a decrease in lumbar spine range of motion; sensation appears to be intact and motor function to be slightly reduced. Diagnostic imaging studies objectified surgical lesions at the L5-S1 interspace. Previous treatment includes chiropractic care, lumbar surgery; multiple medications to include narcotic preparations, physical therapy, a request had been made for a topical non-steroidal medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 20% K1813 QTY: 2.0:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS Effective July 18, 2009) Page(s): 111-112.

**Decision rationale:** As noted in the guidelines, the efficacy of topical non-steroidal anti-inflammatory agents has been inconsistent. Furthermore, when noting the most recent progress notes reviewed there is no narrative presented to indicate that this preparation has any efficacy or utility in addressing the ongoing low back complaints. Therefore, based on the clinical information presented, Ketoprofen 20%, K1813 QTY: 2.0, is not medically necessary.