

<b>Case Number:</b>	CM14-0047727		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 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 injured worker is a 50-year-old gentleman who was reportedly injured on March 15, 2010. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated August 26, 2013, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. The injured employee stated to be continuing a home exercise program and is currently taking Norco and flurbiprofen gel. The physical examination demonstrated tenderness over the lumbar paraspinal muscles and a positive left-sided straight leg raise test there was also tenderness over the coccyx. Neurological examination noted decreased sensation over the L5 and S1 nerve distributions and weakness of the left-sided extensor hallucis longus (EHL), peroneus longus and gastrocnemius muscle groups rated at 4/5. Lumbar spine surgery and epidural steroid injections were recommended. A request was made for ketamine/ketoprofen and flurbiprofen and was not certified in the pre-authorization process on March 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (DOS: 2/12/14) for Ketamine/ketoprofen 10/20% 120GM: 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) Page(s): 111.

**Decision rationale:** According to the California MT US Chronic Pain Medical Treatment Guidelines, ketoprofen is not Food and Drug Administration (FDA) approved for topical usage and ketamine is currently under study and has not been approved yet for neuropathic pain. This request for topical ketamine/ketoprofen is not medically necessary.

**Retrospective request (DOS: 2/12/14) for Flurbiprofen 20% 120GM:** 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) Page(s): 111.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are only indicated for usage for treatment for osteoarthritic conditions. There is no mention in the medical record that flurbiprofen is intended to be used for arthritis or neuropathic pain. This request for topical flurbiprofen is not medically necessary.