

<b>Case Number:</b>	CM14-0048861		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Neurological 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 56-year-old female who was reportedly injured on April 6, 2011. The mechanism of injury was noted as occurring during usual and customary duties. The most recent progress note, dated June 6, 2014, indicated that there were ongoing complaints of intermittent neck pain rated as 2/10 with associate headaches, constant low back pain rated 6/10, and bilateral wrist/hand pain rated as 2/10. Current medications were documented as including Norco, Soma, tramadol, and Naprosyn. The physical examination documented tenderness to palpation in the lumbar paraspinal muscles, diminished lumbar range of motion, a positive straight leg raise on the left, and numbness and tingling in the lower extremity (laterality not specified). The claimant was documented as being status post anterior cervical spine fusion at C6-C7 and as having a spondylolisthesis at L4-L5 with worsened left lower extremity pain. Previous treatment included topical medications, oral medications, physical therapy, and operative intervention. A request had been made for the topical compounded medication cited below and was not certified in the pre-authorization process on March 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Flurbiprofen 20% cream 120 gm, Ketoprofen 20%, Ketamine 10% cream 120 gm apply 2 to 3 times a day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) specifically recommends against the topical use of ketoprofen noting that there was a significant risk of photosensitivity with topical use of this medication and further goes on to note that if a single substance of any compounded topical preparation is considered not medically necessary, then the entire compound is considered not medically necessary. Based on the clinical documentation provided and in accordance with the CAMTUS, this request is considered not medically necessary.