

<b>Case Number:</b>	CM14-0071452		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/09/2004
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 male who reported an injury on 08/09/2004. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar disc disease, bilateral knee arthritis. The previous treatments included medication and home exercise. Within the clinical note dated 04/04/2014, it was reported the injured worker complained of lower back and bilateral knee pain. On the physical examination, the provider noted tenderness to the lower back. The provider indicated the injured worker had weak back extension. The provider requested ketoprofen/lidocaine gel. However, a rationale was not provided for clinical review. The request for authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen/Lidocaine 15/5% Gel #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for ketoprofen/lidocaine 15/5% gel #1 is not medically necessary. The injured worker complained of lower back and bilateral knee pain. According to

California MTUS Guidelines, no topical NSAIDS are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee or elbow and other joints that are amenable. Topical NSAID are recommended for short-term use of 4-12 weeks. There is little evidence to utilize topical NSAIDS for the treatment of osteoarthritis of the spine, hip, or shoulder. Topical 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 pathology, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. Ketoprofen is not currently FDA approved for topical application. It has an extremely high incidence of photo contact dermatitis. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is lack of documentation indicating the injured worker had tried and failed on first line agents for the management of neuropathic pain. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 04/04/2014, which exceeds the guideline recommendation of short-term use of 4-12 weeks. Therefore, the request is not medically necessary.