

<b>Case Number:</b>	CM14-0071960		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/28/2011
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 records, presented for review, indicate that this 55 year old female was reportedly injured on April 28, 2011. The mechanism of injury is undisclosed. The most recent progress note, dated June 17, 2014, indicated that there were ongoing complaints of low back pain radiating to the legs as well as neck pain. Current medications include Tizanidine and Tramadol. The physical examination demonstrated tenderness over the lower lumbar facet joints from L4 through S1 as well as the lumbar paravertebral muscles, muscle spasms were present, and there was a positive straight leg raise test. Diagnostic imaging studies of the lumbar spine indicated a Grade II anterolisthesis of L5 on S1 and a Grade I retrolisthesis of L2 on L3. The pars defect was noted at L5 and there were disc protrusions from L1 through S1. Previous treatment included epidural injections and a rhizotomy. A request was made for Ketoprofen powder and was not certified in the preauthorization process on May 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective pharmacy purchase of Ketoprofen pwdr compound 120gm for date of service 02/10/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines; compounded medications.

**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 OF 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines support topical nonsteroidal antiinflammatory drugs (NSAIDs) for the short term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral NSAIDs. The guidelines support four to twelve weeks of topical treatment for joints that are amenable to topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured employee's diagnosis, this request for the purchase of Ketoprofen compound powder is not medically necessary.