

<b>Case Number:</b>	CM14-0084246		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/09/1997
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Occupational Medicine 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 patient is a 70-year-old male who has submitted a claim for cervicalgia, lumbar stenosis, left lower extremity radiculopathy, and effusion of joint associated with an industrial injury date of September 9, 1997. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the low back and left leg. Examination revealed a healed surgical incision and spam. There was painful and limited ROM and positive trigger point elicited on the left. Sensation was decreased on the left at L5. Strength of the EHL was 4/5 on the left. Lasegue was positive on the left. Treatment to date has included surgery, medications, home exercise program, TENS and Lidoderm patches. Utilization review from May 30, 2014 denied the request for RETRO: Ketoprofen (NAP) Cream-L (DOS: 03/05/13), RETRO: Genicin 500mg (DOS: 03/05/13), Ketoprofen (NAP) Cream-L and Genicin 500mg because of inadequate information concerning the rationale for the treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: Ketoprofen (NAP) Cream-L (DOS: 03/05/13): 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 Analgesics Page(s): 111-113.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The only NSAID recommended for neuropathic pain is diclofenac. In this case, the patient was prescribed Ketoprofen cream. However, the progress notes concerned with this prescription are not found in the records provided. The rationale for the use of this drug is not clear. Moreover, the guidelines do not recommend its use. Therefore the request for RETRO: Ketoprofen (NAP) Cream-L (DOS: 03/05/13) is not medically necessary.

**RETRO: Genicin 500mg (DOS: 03/05/13): 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 Glucosamine Page(s): 50.

**Decision rationale:** As stated on page 50 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, there was no evidence of osteoarthritis both in the history and in the PE to support the request for Genicin. Guideline criteria were not met. Moreover, the progress reports related to this request are missing. The number of pills were also not mentioned in this request. Therefore, the request for RETRO: Genicin 500mg (DOS: 03/05/13) is not medically necessary.

**Ketoprofen (NAP) Cream-L: 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 Analgesics Page(s): 111-113.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The only NSAID recommended for neuropathic pain is diclofenac. In this case, the patient was prescribed Ketoprofen cream. However, The rationale for the use of this drug is not clear. Moreover, the guidelines do not recommend its use. Therefore, the request for Ketoprofen (NAP) Cream-L is not medically necessary.

**Genicin 500mg:** 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 Glucosamine Page(s): 50.

**Decision rationale:** As stated on page 50 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, there was no evidence of osteoarthritis both in the history and in the PE to support the request for Genicin. Guideline criteria were not met. Moreover, the number of pills was not mentioned in the request. Therefore, the request for Genicin 500mg is not medically necessary.