

<b>Case Number:</b>	CM14-0089207		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/23/2009
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 American Board of Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 43 year old female was reportedly injured on October 23, 2009. The mechanism of injury is undisclosed. The most recent progress note, dated June 30, 2014, indicates that there are ongoing complaints of neck pain radiating to the arms and back pain radiating to the bilateral lower extremities. The physical examination demonstrated difficulty with ambulation. There was right knee swelling and decreased range of motion with tenderness at the medial side of the joint. Diagnostic imaging studies of the lumbar spine revealed mild osseous hypertrophy on the left at L4 to L5 and L5 to S1 without evidence of hardware compromise. Previous treatment includes a lumbar fusion. A request was made for KGL compound cream and was not certified in the preauthorization process on June 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KGL Compound Cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127..

**Decision rationale:** KGL cream is a compound of Ketoprofen, Glucosamine, and Lidocaine. According to the California chronic pain medical treatment guidelines, ketoprofen is not currently Food and Drug Administration approved for topical application due to an extremely high incidence of photo contact dermatitis. Additionally there is no known topical benefit to using glucosamine. For these reasons, this request for KGL cream is not medically necessary.