

<b>Case Number:</b>	CM13-0022627		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 (IW) is a 42-year-old male who sustained an industrial injury on 07/14/2011. He reported back pain. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy; thoracic or lumbosacral neuritis or radiculitis unspecified; non-allopathic lesions of lumbar region not elsewhere classified; anxiety state unspecified; unspecified sleep disturbance; myalgia and myositis unspecified. Treatment to date has included decompression and fusion at L4-5, segmental instrumentation, posterior lumbar interbody fusion, epidural steroid injections, physiotherapy, chiropractic care, pool therapy and oral and topical medications. Currently, the injured worker complains of lumbar pain, anxiety and sleep disturbance. The treatment plan of care includes continuation of current medications, which include compounded Ketoprofen 20% in PLO gel. A request for authorization is presented for this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded Ketoprofen 20% in PLO gel, 120 grams (apply thin layer to affected area):**  
Upheld

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

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

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials for non-steroidal anti-inflammatory agents (NSAIDs) has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The compounded medication requested is not recommended by the MTUS; therefore, it is not medically necessary.