

<b>Case Number:</b>	CM14-0195798		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	06/07/2000
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 51-year-old male who was injured on June 7, 2000. The patient continued to experience pain in his lower back. Physical examination was notable for tenderness over the lumbar paraspinal muscles, decreased sensation of left L4 and L5 dermatomes, and positive straight leg raise bilaterally. Diagnoses included herniated nucleus pulposus at L4-5, failed low back surgery syndrome, facet arthropathy of the lumbar spine, and left plantar fasciitis. Treatment included medications, surgery, and epidural steroid injections. Requests for authorization for were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 prescription of CM3 - Ketoprofen 20%: Upheld**

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

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

**Decision rationale:** This medication is a topical application of ketoprofen, a non-steroidal anti-inflammatory drug (NSAID). Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the

drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. The request should not be medically necessary.