

<b>Case Number:</b>	CM14-0206228		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	07/04/2012
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain 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:

This is a female patient with the date of injury of July 4, 2012. A Utilization Review dated November 18, 2014 recommended non-certification of topical compound medications - Ketoprofen 25%. A Progress Report dated October 27, 2014 identifies Subjective Complaints of persistent low back pain with radiation to right lower extremity below the knee. Objective Findings identify decreased L/S flexion and extension, decreased mood, increased sadness, and diffuse tenderness L3-L5. Diagnoses identify plantar fibromatosis, lumbar/lumbosacral disc degeneration, and depressive disorder. Treatment Plan identifies Ketoprofen 25%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound Ketoprofen 25%:** 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 and 112.

**Decision rationale:** Regarding the request for topical ketoprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the

documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical ketoprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical ketoprofen is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Topical Ketoprofen is not medically necessary.