

<b>Case Number:</b>	CM15-0160037		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	01/01/2015
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 is a 39 year old female who sustained an industrial injury on 1-1-15. She had complaints of neck, mid back and low back pain. Diagnostic studies include: x-rays, MRI, EMG and nerve conduction studies. Treatments to date include: medication, physical therapy, acupuncture, TENS unit, hot-cold unit, shockwave therapy and neurostimulation therapy. Progress report dated 6-17-15 reports continued complaints of burning, constant, moderate to severe, radicular neck, mid back and low back pain with muscle spasms. The pain is aggravated by prolonged sitting, standing, walking and bending and is rated 6-7 out of 10. The low back pain radiates down the lower extremities and is associated with numbness and tingling. She has complaints of disrupted sleep. Medications help to temporarily relieve the pain. Diagnoses include: cervical spine sprain and strain, cervical spine radiculopathy, thoracic spine pain, thoracic spine pain, thoracic sprain and strain, low back pain, lumbar spine sprain and strain, radiculitis lower extremity and sleep disorder. Plan of care includes: education given on medication usage, will administer periodic urine toxicology, continue acupuncture for cervical, thoracic and lumbar spine 3 times per week for 6 weeks, continue shockwave therapy up to 6 treatments, continue course of localized intense neurostimulation therapy 1 time per week for 6 weeks, continue all current medications for pain including Ketoprofen cream topical NSAID. Work status: remain off work temporarily totally disabled from 6-17-15 to 7-15-15. Follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 20% cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** CA MTUS Guidelines for topical analgesics state that they are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, the claimant has moderate-severe radicular neck pain and muscle spasm. Oral medications are considered the first-line choice unless the patient cannot tolerate oral medications. No reason is given as to why oral medications cannot be taken. Topical NSAIDs have been found to be effective in patients with osteoarthritis; however this patient does not have osteoarthritis. In addition, Ketoprofen has not been approved for topical use. Therefore, based on the above findings, the request is not medically necessary or appropriate.