

<b>Case Number:</b>	CM15-0164612		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	02/13/2012
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 is a 51 year old female, who sustained an industrial injury on 2-13-2012. She reported low back pain after helping someone transfer from a bed to chair. Diagnoses include herniated nucleus pulposus of the lumbar spine, facet arthropathy, and neck sprain-strain. Treatments to date include activity modification, medication therapy, chiropractic therapy, acupuncture treatments, epidural steroid injection and medial branch block. Currently, she complained of ongoing neck and low back pain and difficulty sleeping. There was radiation to the shoulders and left lower extremity. On 8-5-15, the physical examination documented lumbar tenderness with muscle spasms noted and a positive straight leg raise test on the left side. The plan of care included a prescription for Ketoprofen cream 20% topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CM3-ketoprofen 20%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, CM3-ketoprofen 20% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are HNP lumbar spine; facet arthropathy lumbar spine; and neck spring strain. Date of injury is February 13, 2012. Request authorization is August 3, 2015. According to a July 6, 2015 progress note, the injured worker complains of neck pain 8/10 and low back pain 7/10. The treating provider prescribed menthoderol with good relief. Additional medications include naproxen, Percocet, gabapentin, Norflex and Capsaicin. The treating provider wants a trial of ketoprofen cream to reduce medications. Ketoprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (topical ketoprofen) that is not recommended is not recommended. Consequently, CM3-ketoprofen 20% is not recommended. Based on clinical information and medical record and peer-reviewed evidence-based guidelines, CM3-ketoprofen 20% is not medically necessary.