

<b>Case Number:</b>	CM15-0166531		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	05/28/2015
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 31-year-old male who sustained an industrial injury on 05-28-2015. Diagnoses include back pain and lumbar radiculopathy. Treatment to date has included medication, physical therapy (PT), lumbar support, spinal injection and chiropractic treatment. PT provided minimal relief. According to the progress notes dated 8-3-2015, the IW (injured worker) reported low back stabbing pain that radiated into his bilateral buttocks; pain in the left lateral thigh; numbness in the left knee; and aching in the left calf. He also complained of spasms in the back. He rated his pain 8 out of 10. The pain was aggravated with forward flexion, extension, rising from a sitting position and sitting, standing or walking for long periods. On examination, heel-toe walk was normal. There was diffuse tenderness to palpation over the lumbar spine and bilateral lumbar paraspinals, left greater than right, with muscle spasms on the left. Range of motion was decreased in all planes, with pain on flexion and extension. There was sensory loss in the left L3 through S1 dermatomes, most notable at L4 and L5. Motor strength was decreased in the left lower extremity. Straight leg raise was positive on the left causing pain down the left leg to the toes. There was positive slump test bilaterally, positive Lasegue's maneuver on the left and negative Lhermitte sign. Medications included Relafen, which caused stomach upset, and Capsaicin, which he claimed "burned too much", Priosec and Flexeril. X-rays of the lumbar spine on 6-18-2015 showed reversal of normal lordosis and mild degenerative disc disease and spondylosis. A request was made for CM3 Ketoprofen 20% to be applied as needed.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Ketoprofen, Topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The 31 year old patient complains of low back pain, rated at 8/10, radiating to bilateral buttocks along with numbness in the left knee, as per progress report dated 08/03/15. The request is for CM3 KETOPROFEN 20%. There is no RFA for this case, and the patient's date of injury is 05/28/15. Diagnoses, as per progress report dated 08/03/15, included back pain and lumbar radiculopathy. Medications included Relafen, Flexeril, Prilosec and Capsaicin. Diagnoses, as per progress report dated 07/13/15, included cervical disc herniation with moderate to severe neural foraminal narrowing, lumbar disc herniation with moderate to severe neural foraminal narrowing, and thoracic disc herniation. The patient is temporarily partially disabled, as per progress report dated 08/03/15. The MTUS Chronic Pain Guidelines 2009, page 111 and Topical Analgesics section, do not support the use of topical NSAIDs such as Ketoprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, the request for Ketoprofen topical is only noted in progress report dated 08/03/15. This appears to be the first prescription of this medication. The treater does not explain where and how this cream will be applied. There is no diagnoses of peripheral joint arthritis or tendinitis for which this cream is indicated. MTUS does not support the use of topical Ketoprofen for axial and spinal pain. Hence, the request IS NOT medically necessary.