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| <b>Case Number:</b>   | CM15-0186057 |                              |            |
| <b>Date Assigned:</b> | 09/28/2015   | <b>Date of Injury:</b>       | 06/19/2007 |
| <b>Decision Date:</b> | 11/10/2015   | <b>UR Denial Date:</b>       | 09/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/21/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 19, 2007. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve a request for a ketoprofen-containing topical compound. The claims administrator referenced an August 27, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On March 26, 2015, the applicant was asked to continue unspecified medications. Ongoing complaints of shoulder pain were reported. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was working with said limitations in place. On a separate note dated March 26, 2015, it was acknowledged that the applicant was using Motrin, Valium, and Norco for ongoing complaints of neck and shoulder pain status post three shoulder surgeries. On an RFA form dated August 27, 2015, ketoprofen containing topical compound and Butrans patches were endorsed. On August 27, 2015, it was stated that the applicant had ongoing complaints of 6 to 7/10 pain. Butrans and ketoprofen-containing cream were endorsed to ameliorate ongoing complaints of shoulder pain. The applicant was given work restrictions, although it was not explicitly stated whether the applicant was or was not working with said limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KLIC-P (ketoprofen 10%, cyclobenzaprine 2%, ibuprofen 10%, lidocaine 5%, piroxicam 2%), 120 grams, Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** No, the request for a ketoprofen-containing topical compounded cream was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, i.e., the primary ingredient in the compound, is not FDA approved for topical application purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of other analgesic medications such as Butrans and Norco, moreover, effectively obviate the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers the "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.