

<b>Case Number:</b>	CM15-0205314		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	01/27/2009
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Pennsylvania, Ohio, 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:

The injured worker is a 52 year old female, who sustained an industrial injury on 1-27-2009. The injured worker is undergoing treatment for cervical radiculopathy, lumbar facet syndrome, right knee arthralgia and right ankle complaints. Medical records dated 7-23-2015 indicate the injured worker complains of headaches, neck pain rated 8 out of 10 and radiating down the bilateral upper extremities with numbness and tingling, shoulder pain and back pain rated 8 out of 10 radiating to the bilateral lower extremities with numbness and tingling. She reports trigger finger on the right. Pain and numbness is increased from 5-28-2015 exam. Physical exam dated 7-23-2015 notes diffuse tenderness to palpation of the cervical and lumbar region with spasm, decreased range of motion (ROM) and decreased sensation of C6, C7, C8, L4, L5 and S1 dermatomes. Treatment to date has included massage therapy, physical therapy, acupuncture and medications. The original utilization review dated 10-8-2015 indicates the request for retro compound Ketoprofen 20% gel 30g, PCCA anhydrous lipoderm cream 19.8 grams, Polyxamer 407 powder 3 grams with a DOS 7/23/2015 and retro Lecithin Organogel liquid 4.2 grams with a DOS 7/23/2015 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro compound Ketoprofen 20% gel 30g, PCCA anhydrous lipoderma cream 19.8 grams, Polyxamer 407 powder 3 grams with a dos of 7/23/2015: Upheld**

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

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

**Decision rationale:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. Moreover MTUS specifically discusses an FDA advisory warning against the use of Ketoprofen topically. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.

**Retro Lecithin Organogel liquid 4.2 grams with a dos of 7/23/2015: Upheld**

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

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

**Decision rationale:** This request appears to be for a compounding agent utilized in the custom production of topical Ketoprofen. Since the request for the compounded Ketoprofen cream has been separately not-certified, it follows that this current request is not medically necessary.