

<b>Case Number:</b>	CM15-0206543		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	04/18/2011
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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:

The injured worker is a 55 year old female, who sustained an industrial injury on April 18, 2011. The injured worker was diagnosed as having malignant hypertension, diabetes mellitus without complication, lumbar spine strain with rule out radiculopathy, and rule out medial meniscal tear of the right knee. Treatment and diagnostic studies to date has included nerve conduction study of the lower extremities, magnetic resonance imaging of the low back, x-rays of the back and the right knee, physical therapy, and acupuncture. The progress note dated September 16, 2015 did not include any subjective complaints. Examination performed on September 16, 2015 was revealing for hypertension and diabetes mellitus. The progress note on September 16, 2015 did not include the injured worker's current medication regimen. In the progress note from September 09, 2015 the treating physician noted pain to the low back that radiates to the bilateral lower extremities with numbness and pain to the right knee. The examination on September 09, 2015 was revealing for tenderness to the medial joint line of the right knee and a positive McMurray's testing. The progress note from September 09, 2015 noted a pain level of a 7 out of 10 to the low back and a 3 out of 10 to the right knee, but did not include the injured worker's medication regimen or the injured worker's pain level prior to use of a medication regimen and after use of a medication regimen to determine the effects of the injured worker's medication regimen. The initial pain management consultation from April 14, 2015 noted a medication regimen of Xanax, Atenolol, and Metformin. On September 16, 2015 the treating physician requested Ketoprofen 20%, Lidocaine 5%, Cyclobenzaprine 1% with a quantity of 60 with 3 refills, but did not indicate the specific reason for the requested medication. On September 25, 2015 the Utilization Review determined the request for Ketoprofen 20%, Lidocaine 5%, Cyclobenzaprine 1% with a quantity of 60 with 3 refills to be non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketopro 20%, Lid 5%, Cycl 1% #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and Lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and Lidocaine medications for this chronic 2011 injury without improved functional outcomes attributable to their use. The Ketopro 20%, Lid 5%, Cycl 1% #60 with 3 refills is not medically necessary and appropriate.