

<b>Case Number:</b>	CM15-0207154		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	03/26/2007
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 63 year old male, who sustained an industrial injury on March 26, 2007. The injured worker was diagnosed as having herniated nucleus pulposus of the lumbar spine, cervical spine stenosis, and lumbar stenosis. Treatment and diagnostic studies to date has included 18 sessions of physical therapy, medication regimen, and use of a cane. In a progress note dated September 25, 2015 the treating physician reports complaints of constant, aching pain to the neck with decreased range of motion and radiating numbness to the bilateral hand and fingers. The treating physician also noted complaints of intermittent, stabbing pain to the low back with radiating numbness to the left lower extremity into the bottom of the foot and the inability to sleep on the left side of the body. Examination performed on September 25, 2015 was revealing for an antalgic gait, tenderness to the lumbar spine with spasms, decreased range of motion to the lumbar sacroiliac, and decreased sensation to the left lumbar three, four, five, and sacral one dermatomes. On September 25, 2015 and June 26, 2015 the injured worker's medication regimen included Norco, that was noted to decrease the injured worker's pain by 40 to 50% for 6 to 8 hours and Capsaicin Cream that allows for a decrease in the use of the oral medications. The injured worker's pain level on September 25, 2015 was rated a 6 out of 10 to the neck and a 5 to 6 out of 10 to the low back, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with activities of daily living with use of medication regimen. The injured worker's pain level on June 26, 2015 was rated a 5 out of 10

to the neck and a 6 out of 10 to the low back, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with activities of daily living with use of medication regimen. The progress note from May 15, 2015 noted a request for CM3: Ketoprofen 20% for neuropathic pain. The progress note from June 26, 2015 included the request for continuing CM3: Ketoprofen 20%, but the progress notes from September 25, 2015 and June 26, 2015 did not include this medication in the current medication listing of the progress notes and also did not indicate the injured worker's pain level prior to use of this medication regimen and after use of this medication to determine the effects of this medication. On September 25, 2015 the treating physician requested CM3: Ketoprofen 20% with the treating physician noting that the injured worker is to continue use of this medication. On October 09, 2015 the Utilization Review determined the retrospective request for CM3: Ketoprofen 20% dispensed on September 25, 2015 to be non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro CM3 - Ketoprofen 20% dispensed 09/25/2015: 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:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, topical ketoprofen was recommended to the worker to help reduce his neuropathic pain. However, as this medication is not recommended for this indication nor approved for topical use in general, it will be regarded as not medically necessary.