

<b>Case Number:</b>	CM15-0022459		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	01/02/2007
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 injured worker is a 43-year-old female who reported an injury on 01/12/2007. The mechanism of injury was not stated. The current diagnoses include cervical spine disc syndrome, lumbosacral spine disc syndrome, and chronic pain syndrome. The injured worker presented on 11/20/2014 with complaints of neck and low back pain. Associated symptoms included stiffness, weakness, numbness, and paresthesia. Upon examination, there was reduced range of motion of the cervical and lumbar spine, reduced sensation and strength in the distribution of the left C6 and left S1 spinal nerve roots, absent left bicep and left ankle deep tendon reflexes, tenderness to palpation, and muscle spasm. Recommendations at that time included continuation of the current medication regimen of Percocet 10/325 mg and ketoprofen topical cream. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: PPCA Lipoderm Base:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state lidocaine is indicated in the formulation of a dermal patch for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line treatment. No commercially approved topical formulation of lidocaine in a cream, lotion, or gel is indicated for neuropathic pain. Therefore, the current request for a Lidoderm base cream is not medically appropriate. There is also no frequency or quantity listed. As such, the request is not medically appropriate.

**Retrospective: Ketoprofen Powder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac. Therefore, the current request for a ketoprofen powder cannot be determined as medically appropriate. Additionally, there was no strength or quantity listed. As such, the request is not medically necessary at this time.