

<b>Case Number:</b>	CM15-0023154		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/21/2015
<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, Indiana, New York  
Certification(s)/Specialty: Internal 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 36 year old male who sustained an industrial injury on 04/01/2011. Diagnoses include major multiple trauma secondary to industrial injury, C2 fracture requiring immobilization, cervical myofascial pain, headaches, cervicogenic in nature, acute on chronic cervicolumbar strain, and history of traumatic brain injury. Treatment to date has included medications, acupuncture, pool therapy, and a sling. A physician progress note dated 07/17/2014 documents the injured worker complains of pain from the base of his neck all the way to his midthoracic and upper lumbar area. The pain begins there and generalized up the spine to the posterior cervical area. He still has arm pain. His brachial plexus is not changed. On examination he is tender to touch in the periscapular muscles, the thoracic muscles on the left side, whereas it is fairly soft on the right side. Extension and rotation activities increase pain as well. Treatment requested is for TN1 Ketoprofen 10 percent, lidocaine 5 percent cream # 1 tube, 6 refills. On 01/21/2015 Utilization Review non-certified the request for TN1 Ketoprofen 10 percent, lidocaine 5 percent cream # 1 tube, 6 refills, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TN1 Ketoprofen 10 percent, lidocaine 5 percent cream # 1 tube, 6 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TN1- ketoprofen 10%/lidocaine 5% 1 tube with six refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Topical ketoprofen is not FDA approved. In this case, the injured worker's working diagnoses are major multiple trauma; C2 fracture requiring a halo for immobilization; cervical myofascial pain; cervicogenic headache; left upper extremity brachial plexopathy with nerve root avulsions; history of visual field loss left eye; traumatic brain injury; and peptic ulcer disease. Topical ketoprofen is not FDA approved. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with the cream, lotion or gel is indicated for neuropathic pain. Any compounded product that contains at least one drug (topical ketoprofen and lidocaine cream) that is not recommended is not recommended. Consequently, TN1 Topical ketoprofen 10%/lidocaine 5% is not recommended. Based on clinical information the medical record and the peer-reviewed evidence-based guidelines, TN1- ketoprofen 10%/lidocaine 5% 1 tube with six refills is not medically necessary.