

<b>Case Number:</b>	CM15-0036898		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Texas, California  
 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 61 year old female, who sustained an industrial injury on 06/28/2013. She has reported subsequent back pain and was diagnosed with right lumbar radiculopathy, lumbar facet arthropathy, lumbar myofascial strain, chronic back pain status microdiscectomy of L5-S1 and lumbago. Treatment to date has included oral and topical pain medication, physical therapy, chiropractic therapy and surgery. In a progress note dated 12/16/2014, the injured worker complained of low back pain radiating to the lower extremities at 6/10. Objective findings were notable for tenderness to palpation of the lumbar paraspinals, hypertonicity and limited range of motion. A request for authorization of Ketoprofen refill was made. Patient sustained the injury due to trip and fall incident. The patient has had EMG on 11/18/14 that was abnormal. The medication list include Gabapentin, Motrin, Flexeril, Tramadol and Prednisolone. The patient's surgical history include lumbar microdiscectomy on 8/28/13. The patient had received lumbar ESI and SI nerve block. Patient has received an unspecified number of chiropractic and PT visits for this injury. The patient has had MRI of the low back on 9/30/14 that revealed disc herniation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective CM3 - Ketoprofen 20%, QTY: 1: 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 Chronic Pain - Topical Analgesics Page(s): 111-112.

**Decision rationale:** Request: Retrospective CM3 - Ketoprofen 20%, QTY: 1. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Ketoprofen is a NSAID. Per the cited guidelines, Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Per the cited guidelines, Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The medical necessity of Retrospective CM3 - Ketoprofen 20%, QTY: 1 is not fully established in this patient.