

<b>Case Number:</b>	CM15-0054092		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Arizona, 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 following clinical case summary was developed based on a review of the case file, including all medical records: The injured worker is a 36-year-old male, with a reported date of injury of 07/20/2010. The diagnoses include bilateral lumbar radiculopathy, cervical radiculopathy, lumbar stenosis, and lumbar herniated nucleus pulposus. Treatments to date have included acupuncture, an epidural injection of the lumbar spine, oral medications, an MRI of the lumbar spine, and an MRI of the cervical spine. The progress report dated 02/24/2015 indicates that the injured worker complained of low back pain and bilateral leg pain, which was rated 5-10 out of 10. He also complained of bilateral shoulder/clavicular pain. There was rare numbness in both of his arms, and occasional numbness and tingling into the bilateral hands. The objective findings include tenderness to palpation of the lumbar paraspinals on the left, decreased and painful lumbar range of motion in all planes, decreased sensation in the L4, L5, and S1 dermatomes, tenderness to palpation of the cervical paraspinal bilaterally, and decreased sensation throughout the left upper extremity. The treating physician requested CM-3 Ketoprofen 20%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CM-3 KETOPROFEN 20% 30GM #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are 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. The compound in question is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on various topical NSAIDs for over 6 months including prior Flector as well as topical LidoPro. The claimant was not diagnosed with osteoarthritis. There is lack of evidence for long-term use of topical NSAIDs and the topical Ketoprofen is not medically necessary.