

Case Number:	CM13-0004249		
Date Assigned:	08/06/2013	Date of Injury:	06/01/2002
Decision Date:	09/23/2014	UR Denial Date:	06/26/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 treatments and/or services at issue.

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 case summary was taken directly from the utilization review denial/modification dated June 26, 2013: "The claimant is a male who sustained an industrial injury. He has a reported lumbar spine condition. No AP report was provided. Ketop/Lidoc/Cap/Tram15%1%0.012/5% Liquid has been requested."

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto/Lidoc/Cap/Tram 15%1%0.012/5% liquid: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The employee sustained a work-related injury on 6/01/02. The submitted medical records document pain in the low back which radiates to the lower extremities with numbness and tingling and right knee pain greater than left. A reviewed examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments. There was pain with terminal motion. Seated nerve root test was positive. There was dysesthesia at the L5 and S1 dermatomes. An examination of the bilateral knees revealed tenderness at the right greater than left knee joint line, positive McMurray's sign, and positive patellar compression testing. The records indicate prior treatment has included medications. A request has been submitted for Ketop/Lidoc/Cap/Tram15%1%0.012/5% liquid. The guidelines note that any compounded

product that contains at least one drug or drug class that is not recommended is not recommended. Ketoprofen is not FDA approved for a topical analgesic. Additionally, the submitted medical records do not evidence how long the employee has been utilizing this medication or the clear efficacy of treatment. The requested Ketop/Lidoc/Cap/Tram 15% 1% 0.012/5% liquid is not medically necessary and appropriate.