

<b>Case Number:</b>	CM14-0145892		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/01/2014
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 29-year-old male with a reported date of injury on 07/01/2014. The mechanism of injury was a fall. The diagnoses included lumbar facet arthropathy and lumbar radiculopathy. The past treatments included pain medication and chiropractic therapy. There was no relevant diagnostic testing provided in the notes. There was no relevant surgical history documented in the notes. The subjective complaints on 09/03/2014 included low back pain that radiated to the bilateral lower extremities. The physical examination noted tenderness to palpation to the cervical and lumbar spine. There was also decreased range of motion in the cervical spine and the lumbar spine. The medications consisted of Norco, Relafen, and ketoprofen 20% cream. The treatment plan was to continue medications. A request was received for CM3 Ketoprofen 20% cream. The rationale for the request was to decrease pain and inflammation. The request for authorization form was dated 09/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CM3-Ketoprofen 20% cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** The request for CM3-Ketoprofen 20% cream is not medically necessary. The California MTUS guidelines state that topical analgesics are primarily recommended for neuropathic pain and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In regards to Ketoprofen, it is not currently FDA approved for a topical application and has an extremely high incidence of photo contact dermatitis. As the guidelines do not support ketoprofen for topical application, the request is not supported. In addition, the submitted request does not specify the quantity, frequency, or site of application. As such, the request is not medically necessary.