

<b>Case Number:</b>	CM14-0146699		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/02/2014
<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 a subspecialty in Interventional Spine 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 patient is a 59 year old male with an injury date of 10/31/13. Based on the 08/26/14 progress report provided by [REDACTED] patient complains of low back and lower extremity pain. EMG of bilateral lower extremity dated 08/12/14 states evidence suggestive of left S1 radiculopathy. No evidence of plexopathy or peripheral neuropathy of lower extremities. Physical examination to the lumbar spine reveals mild lumbosacral tenderness to palpation. Mild painful range of motion. Straight leg raising is positive on the left. Diagnosis 08/26/14 - lumbosacral disc injury, - lumbosacral radiculopathy, - lumbosacral sprain/strain injury-myofascial pain syndrome. [REDACTED] is requesting Ketoprofen 100% cream (Gabapentin powder/Ketoprofen powder/Lidocaine powder/Lipoderm base), quantity 1. The utilization review determination being challenged is dated 09/02/14. The rationale is "... ketoprofen is not FDA approved for topical application..." [REDACTED] is the requesting provider, and he provided treatment reports from 02/28/13 - 08/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 100% cream (Gabapentin powder/Ketoprofen powder/Lidocaine powder/Lipoderm base), quantity 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 chronic pain section Page(s): 111.

**Decision rationale:** Patient presents with low back and lower extremity pain. The request is for Ketoprofen 100% cream (Gabapentin powder/Ketoprofen powder/Lidocaine powder/Lipoderm base), quantity 1. Patient has been diagnosed with lumbosacral disc injury, lumbosacral radiculopathy, lumbosacral sprain/strain and myofascial syndrome. MTUS has the following regarding topical creams (p111, chronic pain section): " Topical Analgesics: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The requested Ketoprofen cream contains Gabapentin; therefore the request is not medically necessary.