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| <b>Case Number:</b>   | CM14-0197560 |                              |            |
| <b>Date Assigned:</b> | 12/05/2014   | <b>Date of Injury:</b>       | 01/11/2006 |
| <b>Decision Date:</b> | 01/22/2015   | <b>UR Denial Date:</b>       | 10/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/25/2014 |

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 11, 2006. In a Utilization Review Report dated October 31, 2014, the claims administrator denied a Ketoprofen-containing topical compound. The claims administrator stated that its decision was based on an October 2, 2014 RFA form. The applicant's attorney subsequently appealed. In a progress note dated June 19, 2014, the applicant was asked to continue a Ketoprofen-containing topical compounded cream, continue Naprosyn, continue Prilosec, and employ various dietary supplements such as Theramine and Sentra. The applicant was asked to employ Norco at a diminished rate. Persistent complaints of low back pain were noted. The applicant was still smoking. The applicant was given permanent 15-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. On August 12, 2014, the applicant was again asked to continue Tramadol, Norco, the Ketoprofen-containing cream at issue, Naprosyn, Prilosec, and various dietary supplements. A permanent 15-pound lifting limitation was again renewed. On October 30, 2014, the applicant was again asked to continue the Ketoprofen-containing topical compounded cream in conjunction with Fenoprofen, Norco, and Prilosec. The applicant was working with a rather proscriptive 15-pound lifting limitation in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 100% 120gms:** 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 Topical Analgesics Page(s): 111-112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco, fenoprofen, etc., effectively obviated the need for the largely experimental topical compounded drug at issue. Therefore, the request is not medically necessary.