

<b>Case Number:</b>	CM14-0215855		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	06/29/2006
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 58 year old female with an industrial injury dated 06/29/2006 resulting in injuries to her neck, thoracic spine and low back. She was diagnosed with a 5 mm disc protrusion at cervical 5-cervical 6 with underlying mild degenerative disc disease. Prior treatments include physical therapy, chiropractic treatment, medications and acupuncture. Physical exam showed a wide based gait. There was moderate cervical paraspinous muscle tenderness and spasm extending to bilateral trapezii. There was facet tenderness at cervical 4-7. Cervical spine range of motion was limited. There was diffuse lumbar paraspinous muscle tenderness with limited range of motion. Diagnoses include cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. On 12/04/2014 Utilization Review non-certified the request for Flurbiprofen 180 gm/Ketoprofen 180 gm noting Ketoprofen is not currently FDA approved for topical application. Any compounded product that contains at least one drug that is not recommended is not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 180 Gms/Ketoprofen 180 Gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The injured worker sustained a work related injury on 06/29/2006. The medical records provided indicate the diagnosis of 5 mm disc protrusion at cervical 5-cervical 6 with underlying mild degenerative disc disease. Prior treatments include physical therapy, chiropractic treatment, medications and acupuncture. The medical records provided for review do not indicate a medical necessity for Flurbiprofen 180 Gms/Ketoprofen 180 Gm. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. The MTUS states that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The requested treatment is not medically necessary and appropriate.