

<b>Case Number:</b>	CM15-0118272		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 (IW) is a 56-year-old female who sustained an industrial injury on 11/18/2013. Diagnoses include facet osteoarthropathy, cervical myofascial pain and left foot/ankle numbness/pain. Treatment to date has included medications, physical therapy and chiropractic treatment. MRI of the lumbar spine on 2/9/15 was positive for mild degenerative disc disease and facet spondylosis but no adverse interval change or significant central or foraminal stenosis. Electrodiagnostic testing of the bilateral lower extremities on 2/24/15 was normal. According to the progress notes dated 3/16/15, the IW reported low back pain with lower extremity symptoms, worse on the left, rated 6/10 and cervical pain with bilateral upper extremity symptoms rated 6/10. On examination, there was tenderness to the lumbar spine on palpation, decreased range of motion (ROM) and positive straight leg raise with pain to the left foot at 35 degrees and with pain to the distal calf at 35 degrees on the right. Cervical spine ROM was decreased and sensation was diminished in the bilateral C6 and C7 dermatomal distributions of the upper extremities. She was taking Hydrocodone 5mg twice daily for pain. It was documented that the IW failed a trial of Celebrex and she developed adverse gastrointestinal effects due to NSAID use. A trial of topical cream was successful. A request was made for compound topical NSAID, Ketoprofen 300gms, apply three times daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Topical NSAID Ketoprofen 300 g apply 3x a day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen requested is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have a diagnosis of arthritis. Topical NSAIDs can reach systemic levels of oral medications and the claimant had GI side effects with oral NSAIDs. The topical Ketoprofen is not medically necessary.