

<b>Case Number:</b>	CM15-0121109		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 33 year old male, who sustained an industrial injury on 4/09/2014. Diagnoses include protrusion T5-6 and C6-7, lumbar myofascial pain and cervical myofascial pain. Treatment to date has included medications, TENS unit, physical therapy, acupuncture and bracing. Per the Primary Treating Physician's Progress Report dated 4/22/2015, the injured worker reported 6/10 thoracic pain and 6/10 low back pain with bilateral lower extremity symptoms. He reported gastrointestinal upset with medication including analgesics and NSAIDs. He reported significant objective improvement with topical medications. Physical examination revealed tenderness of the thoracic and lumbar spine. There was limited range of motion. The plan of care included topical medications and authorization was requested for topical Ketoprofen and Gabapentin 300gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Ketoprofen/Gabapentin, applied three times a day, quantity 300gm with three refills:** 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 NSAIDs (non-steroidal anti-inflammatory drugs), Page 22; Topical Analgesics, pages 111-113.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. Additionally, there are evidence-based published articles noting that topical treatment with NSAIDs (ketoprofen) and other medications can result in blood concentrations and systemic effects comparable to those from oral treatment which reports have already noted intolerance to NSAID with GI upset. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high-risk patients, especially those with reduced drug metabolism as in renal failure. The Topical Ketoprofen/Gabapentin, applied three times a day, quantity 300gm with three refills is not medically necessary and appropriate.