

<b>Case Number:</b>	CM15-0170213		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	10/28/2011
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This injured worker is a 39 year old female who reported an industrial injury on 10-28-2011. Her diagnoses, and or impressions, were noted to include: tendinitis of the left shoulder; lumbar sprain-strain with lower extremity radiculopathy; status-post lumbosacral posterior spinal fusion and decompression surgery on 5-6-2015, with residual symptoms and pain; incision and drainage and exploration of lumbar wound with removal of foreign body on 5-22-2015; status-post revision lumbar spine surgery (10-23-2013); status post lumbosacral spine surgery; and bilateral lumbosacral radiculopathy. Electrodiagnostic studies were done on 2-27-2015; recent x-rays of the lumbar spine were done on 6-9-2015; no current imaging studies were noted. Her treatments were noted to include: diagnostic magnetic resonance imaging studies of the lumbar spine (2012, 2013 & 1-14-2014); physical therapy; an orthopedic agreed medical evaluation on 2-3-2015; medication management; and rest from work. The progress notes of 6-3-2015 reported: status-post lumbar surgery on 5-6-2015 and complaints of pain, swelling in the lumbar spine; and left shoulder pain. Objective findings were noted to include: tenderness and spasms in the lumbar spine; and tenderness with decreased range-of-motion in the left shoulder. The physician's requests for treatments were noted to include: to continue post-operative care with the Orthopedic Surgeon; and to continued medications per a different named doctor; and Keto cream. The progress notes of 4-29-2015 noted the continuation of medications. No Request for Authorization for Flurbiprofen compound cream 12 grams, #1, and Ketoprofen compound cream 12 grams #1 was noted in the medical records provided. The Utilization Review of 8-27-2015

denied the request for Flurbiprofen compound cream 12 grams, #1, and Ketoprofen compound cream 12 grams #1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Flurbiprofen compound 12gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen compound 12 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of Lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured workers working diagnoses are tendinitis left shoulder; lumbar sprain strain; lower extremity radiculopathy; and status post lumbar surgery with pain. Date of injury is October 28, 2011. Request for authorization is August 6, 2015. Request for authorization references an order on March 16, 2015. There is no documentation from the requesting provider on or about March 16, 2015. As a result, there is no clinical indication or rationale for the topical analgesic, Flurbiprofen. There is no documentation with a trial of failed antidepressant or anticonvulsant treatment. Topical Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiprofen) that is not recommended is not recommended. Consequently, Flurbiprofen 12 g is not recommended. Based on clinical information and medical records and peer-reviewed evidence-based guidelines, Flurbiprofen compound 12 g is not medically necessary.

#### **Ketoprofen compound 12gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ketoprofen compound 12 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are

primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of Lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are tendinitis left shoulder; lumbar sprain strain; lower extremity radiculopathy; and status post lumbar surgery with pain. Date of injury is October 28, 2011. Request for authorization is August 6, 2015. Request for authorization references an order on March 16, 2015. There is no documentation from the requesting provider on or about March 16, 2015. As a result, there is no clinical indication or rationale for the topical analgesic, Ketoprofen. There is no documentation with a trial of failed antidepressant or anticonvulsant treatment. Ketoprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Ketoprofen) that is not recommended is not recommended. Consequently, Ketoprofen 12 g is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Ketoprofen compound 12 g is not medically necessary.