

<b>Case Number:</b>	CM15-0037625		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	05/15/2008
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Pennsylvania, Ohio, 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 43 year old male, who sustained an industrial injury on 5/15/08. He has reported back pain. The diagnoses have included lumbar disc herniation, lumbar radiculopathy and myofascial pain. Treatment to date has included home exercise program, TENS unit, Norco, Wellbutrin, Gabapentin and Lidoderm patches. Currently, the injured worker complains of low back pain, and he stated Norco drastically reduced the low back pain and allowed him to perform home exercise program and activities of daily living. On physical exam tenderness to palpation was noted of lumbar area with spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoprofen Cream 5-5-2% (Ketamine, Ketoprofen, Lidocaine): Upheld**

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

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

**Decision rationale:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary. Additionally, ketoprofen is specifically not recommended by the treatment guidelines for topical use. Lidocaine is recommended topically only for localized peripheral neuropathic pain, which is not documented in this case. Topical Ketamine is recommended only in exceptional cases where a patient is refractory to all other treatment options, which is not documented in this case. Therefore the individual ingredients in this request are specifically not recommended for topical use. Thus overall this request is not medically necessary.