

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pharmacy purchase of Compound consisting of Ketoprofen/ [REDACTED] [REDACTED] Lipoderm/ Poloxamer/ Lecithin, with a dispensing fee and a compounding fee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

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

Decision rationale: MTUS Guidelines are very specific in stating that only FDA/Guideline approved topical agents are supported. The Guidelines also specifically state that Ketoprofen is not FDA approved for topical use due to frequent skin side effects. There are FDA approved alternative topicals and there are no unusual circumstances to justify an exception to Guidelines. The Retrospective Pharmacy purchase of Compound consisting of Ketoprofen/ [REDACTED] [REDACTED] Lipoderm/ Poloxamer/ Lecithin, with a dispensing fee and a compounding fee is not supported by Guidelines and is not medically necessary.