

<b>Case Number:</b>	CM15-0068662		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/19/2002
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 60 year old female, who sustained an industrial injury on 3/19/02. She reported pain in her neck and upper extremities. The injured worker was diagnosed as having cervical spondylosis and carpal tunnel syndrome. Treatment to date has included an EMG/NCV study of the upper extremities and oral and topical pain medications. On 5/16/12, the injured worker reported pain in her neck that radiated to the upper extremities. She was a surgical candidate, but did not want surgery. The treating physician noted pain and weakness in the upper extremities and a positive Tinel's sign. The treating physician requested retrospective use of Ketoprofen/Lidocaine cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Retrospective Usage Of Ketoprofen/Lidocaine Cream (DOS 5-15-12): 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing medications in the anesthetic (lidocaine) and non-steroidal anti-inflammatory (NSAID; ketoprofen) classes. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. These records did not include a discussion detailing special circumstances that would support the use of this compound product in this setting. Further, the request was for an indefinite supply, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of this topical compound cream for the date of service 05/15/2015 is not medically necessary.