

Case Number:	CM13-0001114		
Date Assigned:	05/14/2014	Date of Injury:	11/05/2011
Decision Date:	06/09/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/10/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; earlier right carpal tunnel release surgery; earlier left carpal tunnel release surgery; multiple right shoulder arthroscopies; and topical compounds. A June 30, 2013 letter was notable for comments that the applicant had recurrent left-sided median neuropathy and early CMC joint arthritis about the left thumb with recurrent shoulder pain of uncertain etiology. On June 27, 2013, the applicant was given a prescription for topical compounded Ketoprofen-lidocaine containing cream and asked to remain off of work, on total temporary disability. On May 31, 2013, the applicant was again placed off of work, on total temporary disability and again given refills of Ketoprofen-lidocaine containing gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE KETOPROFEN 20% LIDOCAINE 12.3% TRANSDERMAL GEL:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the ingredients in the compound, namely Ketoprofen, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carry an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant appears to have used this gel despite the unfavorable MTUS recommendations and has failed to exhibit any lasting benefit or functional improvement as defined in MTUS 9792.20f despite prior usage of the same. The applicant remains off of work, on total temporary disability, implying a lack of functional improvement despite ongoing usage of the gel. Therefore, the proposed Ketoprofen-lidocaine transdermal gel was not medically necessary.