

Case Number:	CM13-0005781		
Date Assigned:	11/01/2013	Date of Injury:	08/29/2008
Decision Date:	01/15/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma, Texas. 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 physician 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:

The patient is a 62-year-old female who reported an injury on 08/29/2008 after exiting an elevator that suddenly closed, injuring the entire right side of her body. The patient was initially treated with physical therapy and medications. In 2009, the patient was diagnosed with multilevel cervical disc degenerative disc disease, left shoulder impingement, left shoulder adhesive capsulitis, right shoulder calcific tendonitis, left cubital tunnel syndrome, left wrist carpal internal derangement, left wrist De Quervain's tenosynovitis, with a treatment plan to continue physical therapy. The patient's pain developed into a chronic state that was managed with active therapy, injections, and medications. The most recent clinical evaluation submitted for review indicated that the patient had a positive left shoulder impingement sign, a positive right shoulder impingement sign, a positive Tinel's sign, carpal tunnel compression positive, and a positive Phalen's test. Evaluation of the left wrist revealed a positive Tinel's sign, positive carpal tunnel decompression test, and a positive Phalen's sign. The patient's diagnoses included multilevel cervical disc disease and cervical discopathy, left shoulder impingement syndrome and subacromial bursitis, left shoulder adhesive capsulitis, right shoulder calcific tendonitis, right cubital tunnel syndrome, left wrist carpal tunnel syndrome, right wrist carpal tunnel syndrome, left wrist De Quervain's tenosynovitis, ganglion cyst of the left wrist, and left lateral epicondylitis. The patient's treatment plan included acupuncture treatments, a prescription of Neurontin to treat her neuropathy, and continuation of the use of Ketoflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto flex: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The requested Ketoflex is not medically necessary or appropriate. The clinical documentation does indicate that the patient has multiple body part pain complaints. It was noted that the patient has also been using ketoprofen to prevent the need for multiple oral medications. However, California Medical Treatment Utilization Schedule states, "Ketoprofen: this agent is not currently FDA approved for topical application. It has an extremely high incidence of photo contact dermatitis." As this medication is not FDA approved for topical application, continued use would not be supported by guideline recommendations. Additionally, the clinical documentation submitted for review does not provide any evidence of pain relief or increased functional benefit as a result of the use of that medication. Therefore, there are no exceptional factors to extend treatment beyond guideline recommendations. As such, the requested Ketoflex is not medically necessary or appropriate.