

<b>Case Number:</b>	CM13-0006943		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	08/29/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 was injured on 8/29/2008. The diagnoses listed are right shoulder tendinitis, left cubital tunnel syndrome, bilateral carpal tunnel syndrome and neck pain. The patient reported significant pain relief following acupuncture and physical therapy. The listed medications are Neurontin and topical Ketoflex for pain. On 6/21/2013, [REDACTED] noted that the joints pain was rated at 8-10/10. The objective findings were decreased range of motion of bilateral shoulders and bilateral Tinel sign. A Utilization Review determination was rendered on 7/15/2013 recommending non certification for topical KetoFlex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL AGENT KETOFLEX:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS; TOPICAL ANALGESICS Page(s): 67-73, 111-113.

**Decision rationale:** The California MTUS addressed the use of topical NSAIDs for the treatment of chronic musculoskeletal pain. Topical NSAIDs are especially indicated for

patients who cannot tolerate oral NSAID medications because of a history of gastrointestinal complications related to the use of oral NSAIDs. The efficacy of topical NSAIDs preparation diminishes over time during chronic use. The record did not show that the employee could not tolerate oral NSAID medications. The efficacy of topical NSAIDs use for large joints such as the shoulder have not been established. The employee did not meet the criterial for the use of topical agent Ketoflex.