

<b>Case Number:</b>	CM14-0002904		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Physical Medicine and Rehabilitation, 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:

The injured worker is a 46-year-old who reported an injury on March 22, 2012; the mechanism of injury was not provided. The clinical note dated January 9, 2014 presented the injured worker with right hand/wrist pain with a pins and needles sensation, a feeling of tightness in the right shoulder with a pulling sensation that radiated up to the neck, as well as constant neck pain. The injured worker stated that the Ketoprofen that was prescribed was not making a difference. The clinical note dated January 27, 2014 reported right abduction was 120 degrees, right flexion was 120 degrees, right extension was 20 degrees, right internal rotation was 80 degrees, right external rotation was 90 degrees, and right abduction was 15 degrees; all with moderate pain. The right upper extremity was positive for impingement, and Hawkins, Speeds and Neers were positive. The provider recommended physical therapy for the cervical spine and topical ketoprofen cream. The injured worker is diagnosed with wrist and hand arthralgia, joint shoulder pain, cervicalgia, kyphosis, carpal tunnel syndrome, cervical stenosis, rotator cuff sprain, and synovitis. The request for authorization form was not included within the documentation for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS FOR THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: PHYSICAL MEDICINE GUIDELINES, Page 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PHYSICAL MEDICINE, 98.

**Decision rationale:** The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. There was a lack of documentation indicating the amount of the injured workers prior course of physical therapy as well as the efficacy of the prior therapy. The injured worker has had physical therapy since at least 09/2013, the guidelines recommend 8-10 visits over 8 weeks, then there should be self-directed home physical therapy. The amount of physical therapy that the injured worker already accrued is unclear. The request for physical therapy for the cervical spine, twice weekly for six weeks, is not medically necessary or appropriate.

**TOPICAL KETOPROFEN 20& TOPICAL CREAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TOPICAL ANALGESICS, 111-113.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TOPICAL ANALGESIC, 111.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs (non-steroidal anti-inflammatory drugs), opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists,  $\alpha$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\alpha$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note topical Ketoprofen is recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and they are recommended for short-term use (four to twelve weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The injured worker stated in the January 9, 2014 clinical note that the Ketoprofen that was prescribed was not making a difference. The site at which the topical medication was intended for was not provided within the request and the submitted documentation. It was unclear if the

injured worker had a diagnosis which would be congruent with the guideline recommendations.  
The request for topical Ketoprofen 20% topical cream is not medically necessary or appropriate.