

Case Number:	CM14-0002916		
Date Assigned:	01/29/2014	Date of Injury:	10/06/2012
Decision Date:	06/23/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	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 Internal 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:

The injured worker is a 20-year-old who reported an injury on October 6, 2012, due to an unknown mechanism. The clinical note dated October 17, 2013 presented the injured worker with bilateral wrist pain. The injured workers physical exam revealed a positive Tinel's and a positive Phalen's test with decreased sensation of the medial nerve distribution. The provider recommended retrospective ketoprophen cream for the bilateral wrist strain. The request for authorization form was not provided within the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE KETOPROFEN CREAM FOR THE LEFT AND RIGHT WRIST STRAIN (DURATION AND FREQUENCY UNKNOWN): 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, 111-112

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 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 analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Ketoprofen is not FDA approved for topical application. Topical NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and 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. It was unclear if the injured worker had a diagnosis which would be congruent with the guideline recommendations for topical NSAIDs. The request for retrospective Ketoprofen cream for the left and right wrist strain (duration and frequency unknown) is not medically necessary or appropriate.