

Case Number:	CM14-0003383		
Date Assigned:	01/31/2014	Date of Injury:	05/20/2013
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/09/2014

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 Pulmonary Diseases 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 45-year-old male who reported an injury on 05/20/2013. The injured worker reported that the injury had occurred when he picked up a door slab and felt immediate pain in the right wrist. Per the clinical note dated 05/20/2013, the injured worker reported right hand and wrist pain. The physical exam reported tenderness over the radial aspect of the right wrist; evidence of crepitus; a positive Finkelstein's test; and negative Tinel's, Phalen's and Allen's signs. The diagnosis for the injured worker was radial styloid tenosynovium. Per the progress note dated 06/19/2013, the injured worker's condition was not improving with occupational therapy. Per the evaluation note dated 06/20/2013, the injured worker now had positive Tinel's and Phalen's in bilateral wrists as well as decreased range of motion. Per the nerve conduction study dated 07/18/2013, the injured worker showed median neuropathy bilaterally consistent with carpal tunnel syndrome. The request for authorization for medical treatment was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN CREAM: 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, 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 ANALGESICS, 112

Decision rationale: The Chronic Pain Guidelines indicate that Ketoprofen is not currently FDA approved for a topical application as it has an extremely high incidence of photocontact dermatitis. Additionally, absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. As the guidelines state this medication is not approved for topical use. Therefore, the request for Ketoprofen cream is not medically necessary.