

Case Number:	CM14-0109995		
Date Assigned:	08/01/2014	Date of Injury:	07/01/2008
Decision Date:	10/07/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 67-year-old female who has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of 7/1/2008. Medical records from 1/6/2014 up to 5/30/2014 were reviewed showing that the patient was seen for a postoperative recheck of a left carpal tunnel release (revision) s/p (status post) on 1/6/2014. The patient reported improved pain, numbness, and tingling. She no longer has the pain that travels to her shoulder but still experiences numbness in her 3rd and 4th fingers. Her minimal intermittent pain is 2-3/10 in severity. But she feels that her left wrist is stable. She does have a trigger finger on her left 4th finger. She also complains of numbness/tingling of her 3rd and 4th fingers on her right hand. Pain is 3-4/10 in severity. Physical examination of the left hand and wrist revealed mild palmar swelling of the hand with crepitation noted in the ring finger. ROMs (Range of Motions) were full and sensation intact. Examination of the right hand revealed mild tenderness over the first dorsal compartment. ROMs were full. Finkelstein, Phalen, and Tinel signs were positive. Treatment to date has included Ketoprofen, Norco, ibuprofen, carpal tunnel release. Utilization review from 7/8/2014 denied the request for Ketoprofen cream 10% 120 gram. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream 10% 120 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The only Non-Steroid Anti-Inflammatory Drugs (NSAIDs) recommended for neuropathic pain is Diclofenac. In this case, the patient has been using this medication since 5/30/2014. The patient does complain of some neuropathic pain evidenced in the history and physical examination. However, she said that her numbness has decreased after the carpal tunnel release on 1/6/2014. Ketoprofen is a component of this compound which is not recommended as a topical analgesic. Therefore the request for Ketoprofen cream 10% 120 gram is not medically necessary.