

<b>Case Number:</b>	CM14-0015435		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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:

This case involves an injured female worker, with a date of injury of 01/7/2013. She has ongoing bilateral wrist and elbow pain. An evaluation has included an electromyography (EMG) showing no nerve entrapment. An MRI of wrist shows degenerative changes and subluxation of first metacarpal joint. Interventions have included physical therapy and acupuncture, which have not been effective at improving pain. She continues a home exercise program, stretching and splinting. A trial of oral anti-inflammatory medication was intolerable, due to gastrointestinal side effects. The efficacy of oral anti-inflammatory medication is not established in the medical record. The request is for ketoprofen cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE (1) CONTAINER OF KETOPROFEN CREAM 20% CM3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

**Decision rationale:** The Chronic Pain Guidelines recommend the use of topical analgesics primarily as an option for neuropathic pain when first line agents, such as antidepressants and

anticonvulsants have failed. There is little to no research on safety and efficacy of such compounds. Use of any product containing any component which is not FDA approved is not approved. Ketoprofen cream is not FDA approved. Ketoprofen cream is therefore not medically indicated in this case of degenerative joint pain in the wrist.