

Case Number:	CM14-0019868		
Date Assigned:	04/28/2014	Date of Injury:	07/09/2009
Decision Date:	07/15/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational 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 patient is an employee of [REDACTED] and has submitted a claim for neck, bilateral shoulder, bilateral elbow, and bilateral wrist/hand pain associated with an industrial injury date of July 9, 2009. Treatment to date has included home exercises, extracorporeal shockwave procedure, ulnar nerve transposition, and medications, including Ketoprofen 20%/Ketamine 10% gel 120 gm (since June 2013). Medical records from 2013 were reviewed, which showed that the patient complained of constant neck pain, 8/10, radiating to bilateral upper extremities, and associated with stiffness. She also complained of constant bilateral shoulder pain, 5/10, associated with numbness and tingling and limited range of motion of the left shoulder. She also had constant bilateral elbow pain, 7/10, radiating to the upper extremities. She also complained of bilateral wrist/hand pain, 7/10, with numbness and tingling. On physical examination, cervical spine range of motion was restricted on all planes. Spurling's test was positive. There was diminished sensation and motor strength on the right upper extremity. Utilization review from January 28, 2014 denied the request for Compound: Ketoprofen 20%/Ketamine 10% gel apply to affected area 2-3 times a day because Ketoprofen is not approved for topical application.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND: KETOPROFEN 20%/KETAMINE 10% GEL, TO APPLY 2-3 TIMES A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to pages 111-113 of the Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical applications. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. Furthermore, the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. CA MTUS does not support ketoprofen or ketamine in topical formulation. In this case, topical medications were prescribed in order to minimize possible gastrointestinal and neurovascular complications and to avoid complications associated with the use of narcotic medications, as well as upper gastrointestinal bleeding from the use of NSAIDs. However, guidelines do not recommend ketoprofen for topical application. In addition, the patient has been using ketoprofen 20%/ketamin 10% gel since June 2013 (11 months to date) but there was no documentation of functional benefits. There is no clear indication for continued use of this compounded medication; therefore, the request for compound: ketoprofen 20%/ketamine 10% gel, to apply 2-3 times a day is not medically necessary.