

<b>Case Number:</b>	CM14-0167574		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 49-year-old female with the date of injury of 07/15/2013. The patient presents with pain in shoulder. The patient rates her pain as 5/10 on the pain scale, aggravated by her activities. The patient reports having sleeping problems and depression. The patient had physical therapy without improvement. The patient is currently taking Anaprox DS, Flector patch, Flexeril, Kephene topical cream, naprosyn, Omeprozole and Prilosec. According to [REDACTED] report on 09/11/2014, diagnostic impressions are: 1) Fibromyositis, myalgia and myositis, unspecified 2) Neuralgia, neuritis, and radiculitis, unspecified 3) Shoulder joint pain 4) Impingement syndrome of shoulder region The utilization review determination being challenged is dated on 09/19/2014. [REDACTED] is the requesting provider, and he provided treatment 2 reports from 08/11/2014 to 09/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketophene 10% topical cream 60g:** 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 Ketoprofen Page(s): 11.

**Decision rationale:** The patient presents with pain in her shoulders bilaterally. The request is for Ketophene 10% topical cream 60g. This contains Ketoprofen. Regarding topical Ketoprofen, MTUS page 11 states, "Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. 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. Given the lack of support from MTUS for this product, Ketophene 10% topical cream 60g is not medically necessary.