

<b>Case Number:</b>	CM14-0171743		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/06/2010
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 request for independent medical review was signed on October 9, 2014. It was for Ketoprofen Cream 12 monthly for six months. There was a peer review from October 7, 2014. Per the records provided, the claimant is a 59-year-old female injured on June 6, 2010. She was prescribed Ketoprofen Cream because she has gastrointestinal upset. She reportedly has repetitive trauma disorders of the upper extremities. She has had acupuncture and a functional restoration program. She had EMG testing which showed bilateral carpal tunnel syndrome. On September 25, 2014 she was seen for neck and bilateral upper extremity pain. There was tenderness to palpation of the cervical paraspinal muscles with myofascial tightness noted. Reflexes were symmetrical. Muscle strength was normal. She was diagnosed with a repetitive strain injury, myofascial pain syndrome, and bilateral elbow lateral epicondylitis. She reportedly has a sensitive stomach and could not take much medicine. The doctor felt that the Ketoprofen Cream 12 monthly for six months was not necessary, but that 12 monthly for just two months was reasonable. They have tried all types of non-steroidal anti-inflammatory medicines, including Mobic and Celebrex but they too irritate stomach. She is not had any gastrointestinal distress from the topical Ketoprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen Cream 1 Tube Monthly For 6 Months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Agents (NSAIDs).

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

**Decision rationale:** The claimant's oral NSAID intolerance is duly noted. However, per the Chronic Pain Medical Treatment Guidelines, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not certifiable. The request for Ketoprofen Cream is not medically necessary.