

Case Number:	CM14-0183677		
Date Assigned:	11/10/2014	Date of Injury:	12/04/2003
Decision Date:	12/18/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/04/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand, neck, arm, shoulder, and back pain reportedly associated with cumulative trauma at work between 1992 and January 7, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; reported diagnosis with carpal tunnel syndrome; wrist splints; cervical epidural steroid injection therapy; topical compound; and the apparent imposition of permanent work restrictions through a Medical-legal Evaluation of February 3, 2005. In a Utilization Review Report dated October 23, 2014, the claims administrator approved a request for Prilosec, denied a topical compound, and denied a follow-up visit. The applicant's attorney subsequently appealed. In a progress note dated September 8, 2014, the applicant reported ongoing complaints of neck and bilateral upper extremity pain. The applicant was using Flexeril, Norco, Prilosec, and a ketoprofen containing topical compounded cream, it was acknowledged. Permanent work restrictions were renewed. The applicant was asked to obtain a TENS unit and laboratory testing. 6-8/10 multifocal pain complaints were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound CM3 Ketoprofen 20%: 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): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound in question is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco and Flexeril, effectively obviates the need for the ketoprofen containing topical compounded cream. Therefore, the request is not medically necessary.