

<b>Case Number:</b>	CM14-0021048		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	09/01/2001
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 has a subspecialty in Nutrition/Lifestyle and is licensed to practice in New Jersey. 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 worker is a 61 year old female who injured her neck, right shoulder, right elbow, right forearm, right wrist, and right hand on 9/19/01. She was diagnosed with right moderate carpal tunnel syndrome, cervical disc degeneration, right shoulder joint degeneration, and right elbow tendonitis. She had been treated with at least oral and topical medications as well as home exercises for her pain related to this injury. The most recent progress note seen in the documents provided, was from 2/10/14 with her primary treating physician. The worker complained then of worsening pain in the shoulder over the previous 3 months requiring a steroid injection in the ER, and had since improved somewhat. She had been using oral and topical medications as usual. She reported exercising regularly. She also reported getting neck and shoulder pain flare-ups 3-4 times per week, and this is when she uses medications. She reported her pain level at an 8/10 without medication (collective) and 2/10 with medication (collective). She states that without the medication, her function is very limited and would be in bed all day. Her history as noted in this progress note listed hypertension as one of her medical problems. Blood pressure was 126/84, and physical examination was remarkable for mildly tender right AC joint, tenderness of right wrist, tenderness and spasms of right cervical and trapezius muscles and shoulder with full range of motion of the right shoulder. Mildly decreased range of motion in the neck was seen. Positive Finkelsteins test was found on the right arm, and no edema was seen in the extremities. Her physician then refilled the following medications: Flexeril, Tramadol, Naproxen, Omeprazole, and started a trial of Ketoprofen cream as the worker requested a new medication for flare-ups. It was also noted that she takes Percocet for her lower back, which she continued.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN CREAM 20% , #2:** 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 TOPICAL ANALGESICS, NSAIDs Page(s): 111-113, 69-70.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics may be recommended as an option, but are considered experimental in use with few controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS also states that topical NSAIDs have little evidence to suggest they are superior to oral and are not recommended for neuropathic pain. Ketoprofen, specifically, is not FDA approved for topical application and has a high incidence of dermatitis. The MTUS also states that in patients with hypertension, it is recommended that caution is used when prescribing NSAIDs, particularly in settings of patients already using another NSAID such as this worker, and assessments of blood pressure and fluid excess should be done at each visit. The worker has the medical history of hypertension as noted in the progress notes provided. The worker is currently using some first-line medications, but no record was seen separately assessing these medications for functional or pain benefit, and no review of her need for this topical agent over other approved treatment methods was documented to help justify its use. Therefore, ketoprofen cream 20% is not medically necessary.