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| <b>Case Number:</b>   | CM14-0034034 |                              |            |
| <b>Date Assigned:</b> | 05/09/2014   | <b>Date of Injury:</b>       | 01/15/2012 |
| <b>Decision Date:</b> | 07/22/2014   | <b>UR Denial Date:</b>       | 02/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/18/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 28-year-old male with a 2/6/2014 date of injury, during the course of her work as a merchandise stocker, she was unloading a truck full of 4-6 packaged one gallon jugs of bleach. She was lifting these boxes and felt pain to her right shoulder. On 2/6/14 determination was not granted given that the California MTUS do not support the medical necessity of topical combination NSAIDs. On 4/17/14 panel qualified medical evaluation report identifies neck, right shoulder, hands, and lower back pain. An Exam revealed decreased range of motion of the cervical spine and shoulder. Slight sensitivity to palpation of carpal tunnel incision. Slight decreased sensation over the volar aspect of the right long finger and radial aspect of the right ring finger. Lumbar spine with decreased range of motion. The diagnoses included chronic musculoligamentous strain of the cervicodorsal and lumbosacral spine, right shoulder impingement syndrome, and status post carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND KETOPROFEN 5%, FLURBIPROFEN 25%, 30 DAY SUPPLY:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen is not recommended for topical applications. In addition, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs). Furthermore, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no clear indication for the medical necessity of a compound medication. Therefore, the request is not medically necessary.