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| Case Number: | CM14-0038434 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 02/20/2003 |
| Decision Date: | 08/12/2014 | UR Denial Date: | 03/20/2014 |
| Priority: | Standard | Application Received: | 04/01/2014 |

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 Internal 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 patient is an injured worker with carpal tunnel syndrome, wrist sprain/strain, and lateral epicondylitis. The date of injury was 02-20-2003. The mechanism of injury was repetitive movements. A progress report dated March 11, 2004 documented subjective complaints of chronic bilateral hand pain that has associated aching, numbness and burning, joint stiffness, joint swelling, limb pain. The medical history includes hypercholesterolemia, hypertension, hypothyroidism and GERD. Current medications include Ketoprofen cream 10%. A physical examination reported no limitation noted in flexion, extension, pronation or supination, valgus and varus stress tests are negative ruling out elbow instability, no tenderness is noted on palpation, Tinel's sign is negative, mild increased tone in right ecdysone receptor only, no limitation is noted in palmer flexion, dorsiflexion, ulnar deviation, radial deviation, pronation or supination, tenderness to palpation is noted over radial side and ulnar side, no more swelling, strength of elbow flexors is 5/5 bilaterally, elbow extensors is 5/5 bilaterally, wrist flexors is 5/5 bilaterally, wrist extensors is 5/5 bilaterally, hand intrinsics is 5/5 bilaterally, abductor pollicis brevis is 4/5 bilaterally. Diagnoses included carpal tunnel syndrome, wrist sprain/strain, and lateral epicondylitis. Treatment plan included Ketoprofen cream 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10% cream 120gm. Use three times a day on hands: 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): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that all Non-Steroidal Anti-inflammatory Drugs (NSAIDs) have a U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. Lab monitoring of a complete blood count and chemistry profile, including liver and renal function tests, is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Routine blood pressure monitoring is recommended. The patient has a history of hypertension. The progress report dated March 11, 2004 does not document blood pressure measurement or laboratory test results. Per MTUS guidelines, NSAIDs are not recommended. Therefore, Ketoprofen cream is not recommended. The MTUS Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Ketoprofen is a non FDA-approved agent. Ketoprofen is not currently FDA approved for a topical application. The patient is an injured worker with carpal tunnel syndrome, wrist sprain/strain, and lateral epicondylitis. The patient's medications include Ketoprofen cream 10%. The MTUS guidelines do not support the medical necessity of Ketoprofen gel. Therefore, the request for Ketoprofen 10% cream 120gm is not medically necessary.