

<b>Case Number:</b>	CM14-0045801		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/27/2006
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 59-year-old female who reported an injury on 11/27/2006 due to an unknown mechanism. The injured worker was diagnosed with status post carpal tunnel release right wrist and hand, status post carpal tunnel release left wrist and hand, bilateral De Quervain's tenosynovitis, and left trigger thumb, cervical spine strain and sprain, right trapezial sprain and strain, and right shoulder impingement syndrome. Prior treatments included 3 months of psychiatric care, 12 sessions of acupuncture, 6 months of physical therapy, an EMG, an NCV and a hand brace. On 10/01/2013, the injured worker saw her physician and reported pain rated 7-8/10 with pain to the right shoulder which was cracking and stabbing in quality. The pain was decreased with medications, including gabapentin and cream. She further stated the pain increased with overhead activities and cold weather. The injured worker stated the pain to the cervical spine was rated 5/10 on the pain scale and for the right elbow she had occasional pain rated 7/10. The right thumb pain was rated 7/10 and it decreased with rest and the injured worker had pain to the left wrist and hand rated 8/10. The injured worker was seen by her physician on 12/31/2013. The injured worker reported complaints of pain in the bilateral hands and wrists. She stated that acupuncture helped but her symptoms were about the same. The injured worker was still attending acupuncture treatment and has sessions remaining. Examination of the bilateral hands revealed decreased mobility. The injured worker was prescribed Prilosec, tramadol, gabapentin, and Xanax for medications. The physician was requesting ketoprofen cream quantity unknown. There was no rationale listed for this request. The Request for Authorization Form was not available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen Cream (quantity unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The California MTUS Guidelines for topical analgesics state that these medications are recommended primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note topical analgesics are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Ketoprofen is a non-FDA-approved agent for topical application. It has an extremely high incidence of photocontact dermatitis. There is a lack of documentation indicating the injured worker has osteoarthritis or tendinitis to a joint that is amenable to topical treatment. Additionally, the request does not indicate the frequency at which the medication is prescribed, the site at which the medication is to be applied, or the amount of the medication being requested in order to determine the necessity of the medication. Therefore, the request for Ketoprofen Cream (quantity unknown) is not medically necessary and appropriate.