

Case Number:	CM14-0046195		
Date Assigned:	07/02/2014	Date of Injury:	06/12/2012
Decision Date:	08/25/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 37 year old male who was injured at work on 06/12/2012 when he accidentally crushed his right thumb on a mother cart. Although he had surgery, followed by three occupational therapy sessions for four weeks, and pain medications, he has continued to experience pain in his right thumb. The examination of the finger showed friable, painful and loose nail. He was diagnosed of right thumb distal phalanx crush injury, right thumb open fracture. His doctor prescribed an unknown duration and frequency of a compound mixture of Ketoprofen and Lidocaine, which he had responded well to in the past but this was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Lidocaine (duration and frequency unknown) dispensed on January 31, 2014.:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The MTUS considers the topical analgesics as experimental drugs to be used as an option for the treatment of Neuropathic pain not responding well to the first line drugs (anticonvulsants or antidepressants). Although the worker is reported to have responded well to this medication in the past, the use of this medication is not appropriate neither is it medically

necessary because the records reviewed did not document failed treatment with a first line agent. The MTUS recommends against topical Ketoprofen as it is not FDA approved due to the side effects. Furthermore, the MTUS recommends that the presence of one or more non-recommended topical Analgesic in a formulation makes the entire compound not recommended. Finally, of the agents recommended by the MTUS, the guidelines recommend short time use as the efficacy of the drug decreases with prolonged use; the requested medication does not have a specified duration . Therefore this request is not medically necessary.