

Case Number:	CM14-0048320		
Date Assigned:	07/02/2014	Date of Injury:	09/01/2009
Decision Date:	08/01/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/16/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine 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 patient is a 36-year-old woman who sustained a work related injury on September 1, 2009. Subsequently she developed a right upper extremity pain. On January 27, 2011 the patient had tendovaginitis first extensor compartment right wrist/tendovaginitis right thumb followed by OT and acupuncture. According to a note dated on March 17, 2014, the patient is complaining of finger problems. She continues to have pain at the right thumb, mostly dorsal and in the metacarpal area at the metacarpal level. Her physical exam revealed an EPL palpable but weak and right thumb abduction 50 degrees. The provider suspected an EPL rupture. The patient was treated with Motrin. The provider requested authorization for Ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Ketoprofen 10% PLO transdermal gel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few

randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Ketoprofen gel is recommended as topical analgesics for chronic pain. Ketoprofen gel, a topical analgesic is not recommended by MTUS guidelines. Furthermore, Ketoprofen was reported to have frequent photocontact dermatitis. There is no documentation of failure of motrin or first line pain medications. Based on the above Ketoprofen 10% transdermal gel is not medically necessary.