

<b>Case Number:</b>	CM14-0057016		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/19/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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:

This patient is an injured worker with bilateral upper extremity conditions. Date of injury was December 19, 2009. Regarding the mechanism of injury, he injured himself while turning a valve using a wrench. Progress note dated April 29, 2014 documented that the patient continues to be symptomatic with bilateral shoulder and wrist pain. He continues to experience numbness and tingling sensation in his hands. He does continue to take his medications as well. There is a positive shoulder rotator cuff impingement test. Motor strength is 5-/5 for the shoulder. There is a wrist problem. Current diagnoses were bilateral shoulder rotator cuff injury, status post right shoulder rotator cuff surgery on May 19, 2011, status post left shoulder rotator cuff surgical repair on July 7, 2011, residual right shoulder pain, associated decreased range of motion and strength, possible peripheral neuropathy or carpal tunnel syndrome, myofascial pain syndrome, wrist sprain/strain injury. Treatment plan was documented. The patient is temporarily totally disabled at this time. The patient is using medications Percocet 1 tablet a day, Cymbalta for depression, Mobic, Flector patch and Ketoprofen cream for inflammation pain control. Utilization review decision date was 04-21-2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen #120:** 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): 111-113.

**Decision rationale:** Medical treatment utilization schedule (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 topical application. Progress note dated April 29, 2014 documented diagnoses of bilateral shoulder rotator cuff injury, status post right shoulder rotator cuff surgery, status post left shoulder rotator cuff surgical repair, residual right shoulder pain, associated decreased range of motion and strength, possible peripheral neuropathy or carpal tunnel syndrome, myofascial pain syndrome, wrist sprain/strain injury. Treatment plan included Ketoprofen cream. MTUS guidelines do not support the medical necessity of Ketoprofen topical. Therefore, the request for Ketoprofen #120 is not medically necessary and appropriate.