

<b>Case Number:</b>	CM14-0057309		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/14/2014
<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 Family Medicine and is licensed to practice in North Carolina. 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 41 year-old with a reported date of injury of 02/27/2013. The patient has the diagnoses of right shoulder internal derangement, status post right shoulder surgery, right shoulder pain, right upper extremity pain, cervical disc protrusion, cervical stenosis and right cervical radiculopathy. Per the progress notes by the treating physician dated 04/25/2014, the patient had complaints of right shoulder pain with right neck pain that radiates into the right arm that is persistent since the date of injury. The physical exam noted tenderness to palpation on the right cervical paraspinals muscles, right shoulder, right elbow and right wrist. Spurling's maneuver was positive on the right. There was restriction in the range of motion in the right shoulder and neck. There was noted decreased sensation in the C6 and C& dermatome. Treatment recommendations included appeal of the denial for the NSAID cream, change from Tramadol to Hydrocodone and a second orthopedic opinion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NSAID (Ketoprofen) Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Salicylate Page(s): 111-113; 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics and topical NSAIDs states: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended 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. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo-contact dermatitis. (Diaz, 2006) (Hindsen, 2006) The request is for the non-FDA approved Ketoprofen cream. The request is also for a non-recommended body part for topical NSAID cream. For these reasons, the requested medication is not medically necessary.