

<b>Case Number:</b>	CM14-0077535		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2014

### 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 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 is a 56-year-old male who reported an industrial injury on 10/28/2010, four (4) years ago, attributed to the performance of his usual and customary job duties reported as having a piece a metal slide too fast causing a crushing injury to his right hand. The patient had an initial realignment of dislocated fingers along with suturing of lacerations to the fourth and fifth digits the patient subsequently underwent surgical intervention for a TFCC repair along with postoperative rehabilitation with a long arm and then subsequent short arm casting with use of the Dynasplint. The patient received postoperative PT in order to improve hand and finger range of motion. The patient complained of persistent right hand discomfort along with decreased range of motion. The patient was prescribed a 20% ketoprofen gel on 9/4/2012 to apply to the right hand/wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR MEDICATION KETOPROFEN CREAM DISPENSED ON 9/4/2012 FOR TREATMENT OF RIGHT HAND/WRIST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111-113, 22, 67-68, 71. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 pages 114-15

**Decision rationale:** The topical NSAID, ketoprofen 20% cream, is not medically necessary in addition to prescribed oral NSAIDs. The patient has been prescribed topical ketoprofen 20% cream for chronic right hand/wrist pain post operatively. The patient has received topical NSAID cream for a prolonged period of time exceeding the time period recommended by evidence-based guidelines. There is no demonstrated medical necessity for both an oral NSAID and a topical NSAID. There is no provided subjective or objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the CA MTUS, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no documented functional improvement by the provider attributed to the topical NSAID. The use of topical NSAIDS is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDS. The patient was prescribed an oral opioids and topical NSAID concurrently. The use of the topical creams/gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The prolonged use of topical ketoprofen 20% cream not supported by the applicable evidence-based guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be medically necessary. The prescribed topical Ketoprofen 20% cream is not demonstrated to be medically necessary for the date of service 9/4/2012.