

Case Number:	CM14-0092618		
Date Assigned:	07/25/2014	Date of Injury:	03/19/2012
Decision Date:	10/03/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MUS 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 reported a date of injury of 03/19/2012. The mechanism of injury was indicated as a pulling injury. The injured worker had diagnoses of status post left shoulder surgery with residual pain and sprain of ligaments of the lumbar spine. Prior treatments included physical therapy. The injured worker had an x-ray of the left shoulder and acromioclavicular joints on 05/01/2012 and an MR arthrogram of the left shoulder on 05/24/2012. Surgeries included left shoulder arthroscopy with debridement, biceps tenotomy with debridement, subacromial decompression and arthroscopic rotator cuff repair on 11/06/2012. The injured worker had complaints of burning left shoulder pain with activity and burning radicular low back pain with spasms. The injured worker rated his pain as 7/10. The clinical note dated 05/01/2014 noted the injured worker had decreased range of motion of the left shoulder, tenderness to palpation at the AC joint, levator scapula muscle, as well as, over the infraspinatus and supraspinatus tendons. The injured worker had a positive impingement sign, slightly diminished sensation to pinprick and light touch and motor strength of 5/5. The injured worker's lumbar spine showed decreased range of motion, mild tenderness to palpation at the lumbar paraspinal muscles, motor strength of 4/5 and slightly decreased sensation to pinprick and light touch. Medications included Synapryn, Tabradol, Dicopanol and Gabapentin. The treatment plan included Terocin patches, Ketoprofen, Synapryn, Tabradol, Dicopanol and Gabapentin. The rationale was to decrease the injured worker's oral consumption of NSAID's/COX-2 inhibitors reducing the risk of gastrointestinal events. The request for authorization form was received on 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% in PLO gel 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 121-122. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: The request for Ketoprofen 20% in PLO gel 120gm is not medically necessary. The injured worker had complaints of burning left shoulder pain with activity and burning radicular low back pain with spasms. The injured worker rated his pain as 7/10. The California MTUS guidelines indicate topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note any compounded product that contains at least one drug that is not recommended is not recommended. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use of 4-12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Ketoprofen is not FDA approved for a topical application. There is a lack of documentation indicating the injured worker has a diagnosis of osteoarthritis and tendinitis to a joint that is amenable to topical treatment. There is a lack of documentation indicating the injured worker has failed antidepressants or anticonvulsants indicated as a first-line of treatment. Furthermore, the guidelines note the use of Ketoprofen for topical application is not FDA approved. Additionally, the request does not indicate the frequency at which the medication is prescribed as well as the site at which it is to be applied in order to determine the necessity of the medication. As such, the request is not medically necessary.