

<b>Case Number:</b>	CM14-0097973		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/10/2003
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas and Georgia. 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 67-year-old male who reported an injury on 03/10/2003. The injured worker underwent an anterior transposition of the ulnar nerve. The mechanism of injury was noted to be the injured worker was pushing a refrigerator into place with his right arm more than his left and he felt a stinging sensation and discomfort radiating down from the right shoulder to the right elbow. The documentation of 05/27/2014 revealed the injured worker complained of constant pain to the left shoulder and indicated that movement of the left shoulder was painful. The injured worker was noted to have pain in the right elbow, right wrist, hand, and fingers. The physical examination of the right wrist revealed tenderness to palpation over the ulnocarpal joint. The sensory examination revealed decreased sensation to the right ring and little finger and ulnar border of the hand. The examination of the right elbow revealed a positive Tinel's test over the ulnar nerve. The diagnoses included right elbow olecranon bursitis, status post repair of partial triceps tendon rupture right elbow, cervical spine radiculopathy, right elbow recurrent partial tear of triceps tendon at distal attachment, right elbow status post anterior transposition of the ulnar nerve 10/16/2009, ulnar neuropathy at the elbow moderate degree per EMG on 01/07/2013, left elbow olecranon bursitis due to overcompensation, left wrist carpal tunnel syndrome moderate per EMG 06/13/2008, right wrist radiocarpal and mild carpal joint arthritis, status post right wrist carpal tunnel syndrome 06/29/2007, and right wrist strain to extensor digitorum communis, extensor carpi ulnaris, and extensor pollicis longus tendons. The treatment plan included a return office visit, medications, prescription for Ketorub 20 mg QTY: 60, and an EMG of the right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketorub 20mg, qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Ketoprofen Page(s): 111, page 113.

**Decision rationale:** The California MTUS Guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended and is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is not currently FDA approved for a topical application. The clinical documentation submitted for review failed to provide the injured worker had documentation of exceptional factors to warrant non-adherence to FDA and guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ketorub 20 mg QTY: 60 are not medically necessary.