MAXIMUS Federal Services

Case Number:	CM13-0038345		
Date Assigned:	12/18/2013	Date of Injury:	11/23/2004
Decision Date:	12/10/2015	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/30/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Surgery, General Vascular Surgery

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 claimant is a 54-year-old male with a reported date of injury of 11/23/2004. The mechanism of injury was described as pruning grape vines, when suddenly he started to have left arm pain. On 09/26/2012, when he was seen in clinic, extension of the left hand and wrist was 0 degrees to 70 degrees and flexion was 50 degrees he had a negative carpal compression test, but he had decreased sensations in a left median distributions of the 1st and 2nd fingers. He had a negative Finkelstein's test and grip strength as 4+/5. He was status post left carpal tunnel release times 2 in 2005 with residual left carpal tunnel syndrome. He was placed on Naprosyn 500 mg. He was seen back in clinic on 08/28/2013 with complaints of pain to the left wrist and hand rated at 8/10. On exam, he had range of motion from 0 degrees to 60 degrees of extension to the left wrist and hand and tenderness to palpation was noted over the carpal ligament and flexor tendons. He had a positive Phalen's test at that time but there was no triggering of any fingers or thumb. He had a negative CMC grind test. Grip strength was 5-/5 in extension, and flexion strength was 5/5. Diagnoses included status post left carpal tunnel release times 2 and left ulnar nerve surgery in 2005, residual left carpal tunnel symptoms, bilateral ulnar accessory neuropathy at the wrist, bilateral radial accessory neuropathy at the forearm and NSAID/medication induced gastritis. Plan going forward was to prescribe Ketoprofen cream as needed for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Ketoprofen cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: This requested treatment is for ketoprofen cream, unknown strength and unknown quantity. MTUS chronic pain guidelines state topical analgesics are, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...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." The current status of this claimant is unknown as the records are silent after 08/28/2013. The strength and dosage of this ketoprofen was not documented for the records. The records do not document failure of antidepressants or anticonvulsants for this claimant and do not document the overall efficacy of this medication. This medication is not supported by guidelines unless there is failure of lesser medications, and that has not been documented by the records. As the records do not indicate failure of antidepressants or anticonvulsants, as the strength and dosage of this medication has not been documented, and as the current status of the claimant has not been documented to indicate that he has medical necessity for any type of medications, this request is not considered medically necessary and is non-certified.