

Case Number:	CM14-0190665		
Date Assigned:	11/24/2014	Date of Injury:	02/02/2009
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 53 year old male with an industrial injury on 02/09/2009. The stated mechanism of injury was a fall into a pump impeller blade with a cut to his left hand. Initial treatment included corrective surgery of the hand followed by physical therapy for approximately 7 months. The injured worker (IW) states he was cleared to return to work approximately 2-3 weeks later on light duty. The IW states he had a stroke in February of 2010 causing him to have balance issues and is unable to drive. He continued to have pain in the left hand with radiation to the upper arms rating the pain as 5/10. Past treatments included physical therapy and TENS unit which he states provided minimal pain relief. On 09/24/2014 the IW reported that medications allowed improvement in function specifically described as increased duration of sleep. Diagnosis was left hand pain. On 09/24/2014 the provider requested Ketoprofen cream #1 to decrease pain and inflammation at the left palm. On 10/28/2014 Utilization Review issued a decision to non-certify the request for Ketoprofen cream stating topical analgesics are largely experimental in use and Ketoprofen is not FDA approved for topical application due to high incidence of photo contact dermatitis. Guidelines cited were Chronic Pain Medical Treatment Guidelines - Topical Analgesics. The decision was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: The MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The guidelines state that topical NSAIDS can be used in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). The request additionally does not specify a quantity. The documentation does not indicate evidence of osteoarthritis or tendinitis. There are no extenuating circumstances in the documentation submitted that would necessitate going against the MTUS guideline recommendations for this topical agent. The request therefore for Ketoprofen is not medically necessary.