

Case Number:	CM14-0191767		
Date Assigned:	11/25/2014	Date of Injury:	06/24/2013
Decision Date:	01/12/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/17/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 60 year old male with the injury date of 06/24/2013. The patient presents with pain in his left shoulder and neck. His pain radiates down his arms bilaterally with intermittent tingling sensations. Per 08/21/2014 progress report, "the patient reports having a lot of disability, pain and discomfort involving neck and left shoulder." The patient rates his left shoulder pain as 8-9/10 aggravated by lifting heavy objects and his neck pain as 7/10. The patient presents limited range of neck motion. The range of right shoulder motion is full while the range of left shoulder is limited. Left shoulder abduction is 125 degrees and left shoulder external rotation is 50 degrees. His cervical flexion is 30 degrees, extension is 30 degrees, left rotation is 45 degrees and right rotation is 40 degrees. The patient presents tenderness to palpation with decreased range of left shoulder motion. The patient also presents tenderness to palpation on the left side of his neck with increased pain when he flexes or rotates his neck. The MRI of the left shoulder from 10/09/2013 shows a partial tear of the supraspinatus tendon. An orthopedic surgeon recommended a surgery of rotator cuff repair. The MRI of the cervical spine from 07/01/2014 reveals mild degenerative osteophytosis at C3-C4 2) mild narrowing of the nerve root foramina bilaterally at C3-C4, C4-C5, C6-C7 and C7-T1. Per 10/29/2014 progress report, the patient is utilizing Acetaminophen caps, Vlsartan-Hydrochlorothiazide tabs and Simvastatin. Per 06/09/2014 progress report, the patient is working with modified. Diagnoses on 08/21/2014 1) Left shoulder sprain/strain injury 2) Left shoulder rotator cuff injury with tear The utilization review determination being challenged is dated on 11/13/2014. Treatment reports were provided from 06/26/2014 to 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 100%, 120gm: 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, Ketoprofen Page(s): 111-112.

Decision rationale: The patient presents pain in his neck and left shoulder. The request is for Ketoprofen 100% 120gm. Regarding topical Ketoprofen, MTUS page 111 states, "Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000)" Given the lack of support from MTUS for this product, the request is not medically necessary.