

Case Number:	CM14-0191784		
Date Assigned:	11/25/2014	Date of Injury:	07/29/1999
Decision Date:	01/12/2015	UR Denial Date:	11/01/2014
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 and 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 50 year old female with an injury date of 07/29/99. Based on the 11/07/13 progress report, the patient complains of wrist/hand pain, elbow/arm pain, and shoulder/arm pain. She rates her pain as a 7/10. Her hand/wrist pain radiates up the arm to the shoulder, bilaterally. She has tingling and numbness in her arms and hands. Her elbow/arm pain radiates to her fingers. Her shoulder/upper arm pain is not well localized. The 05/14/14 report indicates that the patient's wrist/hand pain is worse on the left than the right. Her symptoms are the same as mentioned in the 11/07/13 report. The 08/14/14 report states that the patient rates her wrist/hand, elbow/arm, and shoulder/upper arm pain as a 6/10. No further positive exam findings were provided. The patient's diagnoses include the following: 1. Reflex sympathetic dystrophy, upper. 2. Carpal tunnel syndrome. 3. Pain, wrist. The utilization review determination being challenged is dated 11/01/14. There were four treatment reports provided from 11/07/13-11/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Ketoprofen Gel 2% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The MTUS guidelines state that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Ketoprofen is not approved for topical formulation per MTUS. Therefore, the requested Ketoprofen is not medically necessary.

1 prescription of Ketoprofen 10% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The MTUS guidelines state that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Ketoprofen is not approved for topical formulation per MTUS. Therefore, the requested Ketoprofen is not medically necessary.