

Case Number:	CM14-0099996		
Date Assigned:	07/28/2014	Date of Injury:	01/05/2014
Decision Date:	01/29/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/27/2014

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 Rehab, has a subspecialty in Pain Medicine 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:

This is a female patient with a date of injury of January 5, 2014. A utilization review determination dated June 20, 2014 recommends non-certification of ketoprofen 20% cream #185. A progress note dated May 21, 2014 identifies subjective complaints of severe headaches and vision disturbances, burning and radicular neck pain, neck pain rated at a 7-8/10, burning bilateral shoulder pain radiating down the arms to the fingers, right shoulder pain rated at a 8/10, left shoulder pain rated at a 7/10, burning bilateral elbow pain, right elbow pain rated at a 6/10, left elbow pain rated at a 7/10, the burning bilateral wrist pain, right wrist pain rated at a 7/10, left wrist pain rated at a 5-6/10, burning radicular low back pain, low back pain rated at a 7-8/10, burning bilateral knee pain, bilateral knee pain rated at a 8/10, burning right ankle pain, and right ankle pain rated at a 6-7/10. The patient reports that the medications offer her temporary relief of her pain and improve her ability to have restful sleep. The physical examination identifies +2 tenderness palpation of the suboccipital region and over both trapezius muscles, cervical distraction and compression tests are positive bilaterally, there is tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle, there is tenderness to palpation of bilateral lateral epicondyles, there is 2+ tenderness at the carpal tunnel and at the first dorsal extensor muscle compartment, Finkelstein's test is positive bilaterally, straight leg raise test is positive bilaterally at 60, there is tenderness palpation over the medial and lateral joint line of bilateral knees, and there is tenderness to palpation over the right ankle medial and lateral malleolus. The diagnoses include visual disturbance, headaches, cervicgia, cervical disc displacement, rule out radiculopathy of the cervical region, bilateral shoulder pain, r/o injury of muscles and tendons of bilateral shoulders, bilateral elbow pain r/o derangement, bilateral wrist pain r/o derangement, low back pain, intervertebral disc displacement of the lumbar region, bilateral knee pain r/o derangement, right ankle and foot pain, specified mood disorders, anxiety

disorder, other reactions to severe stress, and non-organic sleep disorder. The treatment plan recommends a prescription for Deprizine, a prescription for Dicopanol, a prescription for Fanatrex, a prescription for Synapryn, a prescription for Tabradol, a prescription for cyclobenzaprine, a prescription for ketoprofen cream, the patients to undergo a course of physical therapy, chiropractic, acupuncture treatment for the cervical spine, bilateral shoulder, elbow, wrist, lumbar spine, bilateral knee, and ankle in a frequency of three times per week for six weeks, and Terocine patches have been requested for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% Cream, #185: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Regarding the request for topical ketoprofen 20% cream #185, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical ketoprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical ketoprofen is for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested topical ketoprofen 20% cream #185 is not medically necessary.