MAXIMUS Federal Services

Case Number:	CM15-0004465		
Date Assigned:	01/15/2015	Date of Injury:	09/08/2004
Decision Date:	08/25/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/08/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 57 year old female who sustained an industrial /work injury on 9/8/04. She reported an initial complaint of neck, left shoulder, and arm pain. The injured worker was diagnosed as having left ganglion cyst, s/p removal, left wrist sprain/strain, myofascial pain syndrome, bilateral carpal tunnel syndrome, left shoulder sprain/strain injury, cervical and lumbosacral disc injury. Treatment to date includes medication, diagnostics, transcutaneous electrical nerve stimulation (TENS) unit, yoga exercises, surgery (right carpal tunnel release with ganglion cyst excision on 3/20/09, left carpal tunnel release with ganglion cyst excision in 5/2009), acupuncture, chiropractic care, physical therapy, and functional restoration program. Currently, the injured worker complained of pain in bilateral hands. Per the primary physician's report (PR-2) on 11/25/14, exam noted alert and oriented, speech not slurred, normal gait, no assistive devices, good strength in both upper extremities, mild tenderness at the wrist, good range of motion, Phalen's and Tinel's is positive bilaterally. Current plan of care included home exercises and utilize modalities as needed for pain control. The requested treatments include Ketoprofen cream.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

Decision rationale: Topical NSAIDS-the efficacy of topical NSAIDS 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. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for use with neuropathic pain as there is no evidence to support use. In this case, the documentation shows the patient has been treated with this medication longer than 2 weeks. The efficacy is not established for the continued use of topical medications for chronic pain therefore continued use of the medication is not medically necessary.