

Case Number:	CM15-0103935		
Date Assigned:	06/08/2015	Date of Injury:	10/21/2008
Decision Date:	07/08/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old female who sustained an industrial injury on 10/21/08. The injured worker was diagnosed as having status post right carpal tunnel release; status post left appendectomy and bilateral hand arthralgia. Currently, the injured worker was with complaints of neck and bilateral hand discomfort. Previous treatments included activity modification, medication management, home exercise program and wrist braces. Physical examination was notable for minimally antalgic gait and upper extremity sensation intact. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective compound medication Ketoprofen/Anhydrous Lipoderm/Poloxamer/Lecithin dispensed on 2/20/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in October 2008 and continues to be treated for neck and bilateral hand pain. When seen, she was continuing to perform a home exercise program. She was having ongoing symptoms and her activity had decreased. Physical examination findings included decreased upper extremity strength with normal sensation. Medications being prescribed included Voltaren. Indications for the use of a topical non-steroidal anti-inflammatory medication include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photo contact dermatitis. In this case, the claimant is also taking oral diclofenac and prescribing another non-steroidal anti-inflammatory medication is duplicative. Therefore, the requested Ketoprofen 20% cream was not medically necessary.