

<b>Case Number:</b>	CM15-0133074		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 62 year old female, who sustained an industrial injury on 6/9/2010. She reported while unloading boxes, some boxes fell onto her and injured her left shoulder. The injured worker was diagnosed as having left shoulder impingement, left shoulder subacromial bursitis, left shoulder degenerative joint disease, left shoulder acromioclavicular joint arthropathy, cervical myofascial strain, left shoulder rotator cuff tenosis, and left carpal tunnel syndrome. Treatment to date has included x-rays, medications, night splints, physical therapy, 7 sessions of chiropractic therapy, 5 sessions of acupuncture, steroid injection, and evaluations. The request is for CM3-Ketoprofen 20%. On 5/21/2015, she complained of left shoulder pain. She is noted to have last worked on 6/9/2014. She rated her pain as 3-4/10 and indicated it to be burning with pins and needles with radiation to the left arm down to the left hand. She also reported associated weakness of the left hand. Her current medications include: Ultracet, Naproxen, and over the counter Advil. She reported trying Norco and not tolerating it due to dizziness and drowsiness. Chiropractic therapy, acupuncture therapy and steroid injection have been noted to not provide relief. Physical findings revealed positive Hawkins, impingement, scarf, o'brians, phalens and tinels tests. The treatment plan included: Naproxen Sodium, Tramadol-acetaminophen, CM3-Keotprofen 20%, left wrist brace, and continue physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CM3-Ketoprofen 20%:** 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 Topical Analgesics Page(s): 111-112.

**Decision rationale:** Per p 111 of the MTUS CPMTG, topical analgesics are largely experimental. With regard to topical Ketoprofen, the MTUS CPMTG states "This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006)" As the requested cream is not supported by the guidelines, the request is not medically necessary.