

Case Number:	CM15-0138561		
Date Assigned:	07/28/2015	Date of Injury:	06/28/2012
Decision Date:	08/26/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/17/2015

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

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:

This 47 year old woman sustained an industrial injury on 6/28/2012. The mechanism of injury is not detailed. Diagnoses include status post shoulder surgery, left median neuropathy, cervical spine pain, lumbar spine pain, left elbow pain, and left knee pain. Treatment has included oral medications and surgical intervention. Physician notes dated 5/21/2015 show complaints of bilateral shoulder pain rated 5-6/10. The worker has inquired about topical NSAID medications. Recommendations include transportation to and from medical appointments, Hydrocodone, topical NSAID cream, urine drug screen, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical NSAID, Ketoprofen 300 Mg. apply 1 to 2 pumps to affected area 3 to 4 times daily, times 1 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111-113.

Decision rationale: Regarding the request for this topical NSAID, the Chronic Pain Medical Treatment Guidelines state that topical NSAIDs are recommended for short-term use of 4-12 week duration for body regions that are amenable to topical treatment. Specifically, the CPMTG state: "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. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks." A review of the submitted medical records indicates that the duration of usage of topical NSAID in this case is for a four month supply, since this is a one month supply plus 3 additional refills. This would essentially provide for a 16 week course of topical NSAID therapy. Given this timeline and the recommendation of 12 weeks at most per CPMTG, this request is not medically necessary.