

Case Number:	CM15-0140599		
Date Assigned:	07/30/2015	Date of Injury:	12/02/1992
Decision Date:	08/31/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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:

The injured worker is a 66 year old female, who sustained an industrial injury on 12-02-1992. She has reported injury to the neck, left shoulder, and left wrist. The diagnoses have included chronic neck, left shoulder, and left elbow pain; cervical radiculopathy; and status post spinal cord stimulator. Treatment to date has included medications, diagnostics, and spinal cord stimulator placement. Medications have included Tylenol and topical Icy-Hot. A progress note from the treating physician, dated 04-27-2015, documented a follow-up visit with the injured worker. The injured worker reported neck pain with left arm symptoms; the persistent pain complaints are unchanged; she has neck pain and left shoulder, left elbow, and facial pain; she has had significant limitations with most of her activities due to her pain; she had assistance at home that recently has been stopped; and she did have an evaluation by an in-home nurse who recommended assistance for her, including sweeping, mopping, and cleaning, which she cannot do. Objective findings included in no acute distress; her gait is antalgic; she has tenderness to palpation of the cervical spine with spasms noted; there is decreased sensation at the C6 and C8 dermatomes on the left; upper extremity motor exam is limited by pain; deltoid, biceps, internal rotators, external rotators, wrist flexors, triceps, interossei, finger flexors, and finger extensors are 4+ out of 5 bilaterally; the upper extremity and lower extremity reflexes are intact; and it is noted that the injured worker cannot tolerate oral medications due to side effects and multiple allergies. The treatment plan has included the request for Ketoprofen 20% topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% topical cream: 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 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for ketoprofen cream, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." Within the documentation available for review, none of the aforementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested ketoprofen cream is not medically necessary.