

Case Number:	CM15-0147634		
Date Assigned:	08/10/2015	Date of Injury:	01/11/2008
Decision Date:	09/04/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/29/2015

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 53 year old male, who sustained an industrial injury on 1-11-08. The diagnoses have included cervical spine Herniated Nucleus Pulposus (HNP), low back pain, left shoulder osteoarthritis, right shoulder rotator cuff tear, lumbar degenerative disc disease (DDD), facet joint hypertrophy, sleep disorder, anxiety, stress and mood disorder. He has a history of hypertension. Treatment to date has included medications, activity modifications, off of work, diagnostics, and other modalities. Currently, as per the physician progress note dated 5-22-15, the injured worker complains of burning radicular neck pain and muscle spasms. The pain is associated with radiating pain and numbness and tingling in the bilateral upper extremities. The pain is rated 5-6 out of 10 on the pain scale. He also complains of burning bilateral shoulder pain that radiates to the fingers and is associated with muscle spasms and weakness. The bilateral shoulder pain is rated 5-7 out of 10 on the pain scale. He also complains of burning radicular low back pain associated with muscle spasms and rated 7 out of 10 on the pain scale. The pain radiates to the bilateral lower extremities and is associated with numbness and tingling. He complains of difficulty sleeping, anxiety, stress and depression. He states that the symptoms persist but that the medications offer him temporary relief of pain and improve his ability to have restful sleep. The physical exam reveals cervical tenderness with spasms, decreased cervical range of motion, positive cervical compression test and positive cervical distraction test. The bilateral shoulder exam reveals tenderness to palpation and decreased range of motion bilaterally. There is decreased sensation in the bilateral upper extremities. The lumbar exam reveals tenderness to palpation, decreased lumbar range of motion, positive straight leg raise

bilaterally at 60 degrees and positive Braggard's test bilaterally. The current medications included Deprazine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen cream. There is no previous urine drug screen reports noted in the records. The physician requested treatment included Ketoprofen 20% cream, 165 grams, apply thin layer to affected area 3 times daily for inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream, 165 grams, apply thin layer to affected area 3 times daily for inflammation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-112 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in January 2008 and continues to be treated for radiating neck and low back pain and bilateral shoulder pain. His past medical history includes hypertension and Parkinson's disease. When seen, there decreased cervical and lumbar range of motion with tenderness and muscle spasms. Cervical compression and distraction testing was positive. There was decreased shoulder range of motion with tenderness. Straight leg raising and Braggard's testing was positive. There was decreased lower extremity sensation and decreased upper and lower extremity strength attributed to pain. 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 photocontact dermatitis. In this case, there is no evidence that the claimant has failed a trial of topical Diclofenac which could be considered as a treatment option. The requested Ketoprofen 20% cream was not medically necessary.