

<b>Case Number:</b>	CM15-0161873		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: 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 56-year-old male who sustained an industrial injury on October 5, 2012 resulting in neck and bilateral shoulder pain. He was diagnosed with cervical sprain and bilateral shoulder impingement syndrome. Documented treatment has included physical therapy, cortisone injections, ice, massage, extracorporeal shockwave treatment, and medication. The injured worker continues to complain of neck and bilateral shoulder pain, including some numbing and tingling to his upper extremities. The treating physician's plan of care includes Ketoprofen 10 percent cream. Work status is modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 10% cream:** 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-related injury in October 2012 and is being treated for neck and bilateral shoulder pain. When seen, neck pain was rated at 6-7/10 with left greater than right upper extremity numbness and tingling. Shoulder pain was rated at 7-8/10. Physical examination findings included decreased cervical spine and shoulder range of motion with tenderness. There was cervical spine spasms. There was positive impingement testing. Topical compounded creams were prescribed. Prior medications have included Anaprox and Prilosec. Indications for the use of a topical non-steroidal antiinflammatory 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. He is noted to have taken an oral non-steroidal anti-inflammatory medication with Prilosec consistent with gastritis. In this case, however, 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 compounded cream was not medically necessary.