

<b>Case Number:</b>	CM15-0198708		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/23/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 32 year old female sustained an industrial injury on 9-23-14. Documentation indicated that the injured worker was receiving treatment for right carpal tunnel syndrome, right wrist De Quervain's syndrome and right elbow medial and lateral epicondylitis. On 8-26-15, the injured worker right carpal tunnel release. In a PR-2 dated 9-9-15, the injured worker was 14 days post right carpal tunnel release. The injured worker stated that she was having increased pain and swelling since the surgery and that her right arm felt "hot" and burning from the right elbow to the right hand. The injured worker rated her pain 7 to 9 out of 10 on the visual analog scale. The injured worker continued to report right finger tingling and numbness. The injured worker had been unable to use her right wrist brace since the surgery and was requesting a sling due to right wrist and elbow pain. Physical exam was remarkable for right wrist with normal range of motion, 5 out of 5 strength and positive median nerve compression test. The physician stated that the injured worker was doing well after surgery. All sutures were removed during the office visit and the incision was healing well. The treatment plan included a right wrist brace and medications (Naproxen Sodium, Tramadol and CM3-Ketoprofen cream). On 9-30-15, Utilization Review noncertified a request for CM3 Ketoprofen 20 Percent Apply As Needed 1-2 Times Daily #1 with No Refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CM3 Ketoprofen 20 Percent Apply As Needed 1-2 Times Daily #1 with No Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below: Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.