

Case Number:	CM15-0198814		
Date Assigned:	10/14/2015	Date of Injury:	03/20/2014
Decision Date:	11/20/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 49 year old male injured worker suffered an industrial injury on 3-20-2014. The diagnoses included right clavicle fracture, right 5th PIP stiffness with volar plate avulsion fracture, right anterior shoulder pain with shoulder impingement, right shoulder biceps tenosynovitis. On 7-30-2015, the treating provider reported right shoulder pain clavicle pain and 5th finger pain along with numbness and tingling in the right arm. On exam, there was diffuse tenderness of the shoulder, clavicle, and rotator cuff with positive impingement testing. There was slight tenderness and swelling in the proximal interphalangeal joint of the 5th finger of the right hand. The provider reported the injured worker had failed therapy, injections, bracing and NSAID's for the shoulder and arthroscopic surgery was recommended and rule out cervical radiculopathy. Ketoprofen Cream 20% had been in use since at least 2-2015. The medical record did not indicate effectiveness of the requested treatment. Prior treatment included cortisone injection to the right shoulder with persistent pain. Request for Authorization date was 9-8-2015. The Utilization Review on 9-17-2015 determined non-certification for Ketoprofen Cream 20%, 30 Day Supply QTY: 1 Tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Cream 20%, 30 Day Supply QTY: 1 Tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ketamine, NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ketoprofen cream 20%, 30-day supply 1 tube is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are right clavicle fracture; right fifth PIP stiffness status post volar plate avulsion fracture; right shoulder impingement; right shoulder biceps tenosynovitis; partial tearing of the subscapularis right shoulder; and right shoulder AC joint DJD. Date of injury is March 20, 2014. Request for authorization is September 8, 2015. The most recent progress note in the medical record is dated July 30, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization dated September 8, 2015. Subjectively, the injured worker complains of right shoulder pain, clavicle pain and pain at the fifth digit. Objectively, there is diffuse tenderness of the shoulder and AC joint with positive impingement. There is tenderness at the PIP joint fifth digit. There is no clinical discussion, indication or rationale for Ketoprofen cream. Additionally, Ketoprofen cream is not FDA approved for topical use. Any compounded product that contains at least one drug (Ketoprofen topical 20%) that is not recommended is not recommended. Consequently, Ketoprofen cream 20% is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Ketoprofen cream 20%, 30-day supply 1 tube is not medically necessary.