

<b>Case Number:</b>	CM15-0199021		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/23/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37-year-old male, who sustained an industrial injury on 9-26-13. The injured worker was diagnosed as having right shoulder impingement; supraspinatus tendinitis; infraspinatus tendinitis; bicipital tenosynovitis. Treatment to date has included right shoulder cortisone injection (3-2015); physical therapy; medications. Currently, the PR-2 notes dated 8-19-15 indicated the injured worker complains of right shoulder pain. He reports he continues to benefit from right shoulder cortisone injections he received march 2015. The provider documents "He currently rates his shoulder pain at 2-3 out of 10 on pain scale." He report he continues to work and has completed physical therapy for his shoulder last week. He has had a total of "about 20 visits of physical therapy for his shoulder that has helped with his pain and allowed him to increase his activity level." He reports his pain is exacerbated with activity, particularly if he lifts his hand over his head, reaching behind his body, or with repetitive movement of the arm. He reports he is using his arm "a lot" at work and notices pain that goes from his shoulder into his neck. He has to use his arm frequently at work, which increases his pain. The pain radiates down to his elbow or forearm, with cramping and pins and needles in his hand. He has pain if he falls asleep on the right side. He continues to work with restrictions for his back pain and shoulder pain but continues to have pain when doing work duties. The provider reports he has had MRI of the right shoulder on 2-20-14 and 3-17-15, he has had right shoulder cortisone injections, completed 20 sessions of physical therapy for the right shoulder. He reports therapy reduced his pain and helped range of motion by about 30%. He has also had 7 sessions of acupuncture that helped decreased his pain. He would like more physical therapy and acupuncture to help improve his symptoms before proceeding with any injections. On physical examination,

the provider notes a positive result for Neer's, Hawkin's and O'Brien's but negative for Yergason's and Speed's testing. Apprehension, relocation, Sulcus and drop arm are all-negative. Strength is 5 out of 5 for biceps and deltoid. He has normal sensation to radial, median, ulnar and axillary nerves. A new prescription was given for the topical compound along with home exercise program and to follow-up as needed. A Request for Authorization is dated 10-5-15. A Utilization Review letter is dated 9-23-15 and non-certification for Ketoprofen cream 20% and modified certification for a Follow up as needed for Re-check of right shoulder to authorize one follow-up visit only. A request for authorization has been received for Ketoprofen cream 20% and Follow up as needed for Re-check of right shoulder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ketoprofen cream 20%:** 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): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. MTUS Guidelines do not recommend Ketoprofen nor recommend use of NSAIDs beyond few weeks, as there are no long-term studies to indicate its efficacy or safety. The efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic 2013 injury without documented functional improvement from treatment already rendered. The Ketoprofen Cream 20% is not medically necessary and appropriate.

**Follow up as needed for Re-check of right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

**Decision rationale:** Review indicates the request for follow-up as needed for Re-check of right shoulder was modified for one follow-up visit only. Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated acute symptoms or red flag conditions and clinical findings to allow for continued arbitrary follow-up intervention and care and future care with multiple visits cannot be predetermined, as assessment should be made according to presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome; undetermined quantity of follow-up visits is not medically indicated for this chronic 2013 injury. The Follow up as needed for Re-check of right shoulder is not medically necessary and appropriate.