

<b>Case Number:</b>	CM15-0204879		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 62-year-old male who sustained an industrial injury on 8-8-2013 and has been treated for right shoulder, right elbow and right wrist pain. Diagnoses include right shoulder bursitis, impingement, and partial rotator cuff tear; right elbow osteoarthritis with lateral epicondyle avulsion; cervical spinal stenosis; and, right carpal tunnel syndrome. On 9-22-2015 the injured worker presented with aching pain rated 7 out of 10 and radiating to the back into the shoulder blade and down his upper extremity. He also reported intermittent elbow swelling. His right wrist was aching with some numbness noted in the pinky finger and next two digits rated at 5 out of 10. Documented treatment includes carpal tunnel release 5-14-2015, at least 4 sessions of physical therapy for the right wrist, corticosteroid injections for the right shoulder, at least 30 sessions of chiropractic therapy, 6 sessions of acupuncture, right wrist bracing, and Lidopro cream with "moderate" pain relief. He has also used Norco and Capsaicin cream noted to reduce pain and improve sleep and increase activity. The physician stated he has had no side effects. The treating physician's plan of care includes one container of Ketoprofen 20 percent which was non-certified on 9-30-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Container of Ketoprofen 20%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and 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 claimant sustained a work injury in August 2013 when he fell from an ATV and is being treated for neck and right shoulder and arm pain. He underwent a carpal tunnel release in May 2015. When seen, there was decreased and painful cervical range of motion. There was midline cervical, paraspinal, and trapezius muscle tenderness. There was decreased upper extremity strength and sensation. There was ventral right wrist tenderness. Hoffmann's, Tinel's, and Phalen's testing on the right was positive. He has a history of diabetes. Medications have included over the counter ibuprofen without significant relief. Topical ketoprofen is being requested. 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 is not medically necessary.