

Case Number:	CM15-0206291		
Date Assigned:	10/23/2015	Date of Injury:	06/12/2014
Decision Date:	12/08/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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: Preventive Medicine, Occupational 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 injured worker is a 60 year old male, who sustained an industrial injury on 6-12-14. Medical records indicate that the injured worker is undergoing treatment for bilateral carpal-metacarpal degenerative joint disease and bilateral carpal tunnel syndrome. The injured worker was noted to be temporarily partially disabled. On (8-26-15) the injured worker complained of bilateral hand pain. The injured worker reported constant stabbing and burning left hand pain, which radiated to the wrist. Associated symptoms included weakness, numbness, and tingling in the first two digits of the hand. The pain was rated 8 out of 10 on the visual analog scale. In regards to the right hand the injured worker reported constant stabbing and burning pain which radiated to the wrist. The pain was rated 9 out of 10 on the visual analog scale. Associated symptoms included numbness and tingling in the first two digits of the hand. The injured worker also noted occasional popping and cracking in the wrist. The right hand weakness was greater than the left hand. Objective findings noted tenderness to palpation over the bilateral carpometacarpal first digit joints with compression and rotation of the joint. Tinel's test was positive bilaterally. Treatment and evaluation to date has included medications, x-rays, electromyography-nerve conduction studies and physical therapy. Current medications include Naproxen Sodium and Ketoprofen 20% cream (CM-3). The current treatment request is for one tube of Ketoprofen 20% cream (CM-3) with 1 refill. The Utilization Review documentation dated 10-14-15 non-certified the request for one tube of Ketoprofen 20% cream (CM-3) with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream (CM-3) with 1 refill: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. These guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. The request for Ketoprofen 20% cream (CM-3) with 1 refill is determined to not be medically necessary.