

<b>Case Number:</b>	CM15-0209494		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Emergency 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:

This is a 35 year old female who sustained a work-related injury on 1-22-14. Medical record documentation on 8-27-15 revealed the injured worker was being treated for right wrist pain. She reported that her symptoms remained unchanged and she continued to have inflammation in the right wrist. She rated her pain an 8 on a 10-point scale and noted that she had frequent locking of the wrist and numbness and tingling of the interior aspect of the wrist. She reported one hour of uninterrupted sleep per night due to pain. Her treatment history included right wrist surgery on 8-18-14, 20 sessions of physical therapy with minimal relief, one session of chiropractic therapy with minimal relieve and two steroid injections with minimal relief. The injured worker was not taking medications during her pregnancy. Objective findings included right wrist range of motion of 40 degrees to flexion, 30 degrees to extension, radiation deviation of 10 degrees, and ulnar deviation of 20 degrees. Her right wrist strength was 3-5 in all planes and she had positive results with Tinel's medial nerve, ulnar nerve, Phalen's, reverse Phalen's, Median Nerve Compression and Finklestein's. Her treatment plan included Naproxen Sodium #550 and Ketoprofen 20% cream. A request for CM3 Ketoprofen 20% cream was received on 9-16-15. On 9-23-15, the Utilization Review physician determined CM3 Ketoprofen 20% cream was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CM3 Ketoprofen 20% cream:** 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 request is for CM3 ketoprofen, which is a topical compound applied to the skin. Topical analgesics are recommended as an option in specific situations and are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. 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. According to the MTUS guidelines, ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Therefore, the request as submitted is not medically necessary.