

Case Number:	CM15-0027957		
Date Assigned:	02/20/2015	Date of Injury:	09/07/2012
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury reported on 9/7/2012. He reported no change in shoulder pain and mild right wrist/hand pain (the 1/6/15 PR-2 is hand written and mostly illegible). The diagnoses were noted to have included right shoulder tendonitis, crush injury right hand/wrist, with possible early carpal tunnel syndrome; and degeneration of the right triangular fibrocartilage. Treatments to date have included multiple consultations; diagnostic imaging studies; electromyogram and nerve conduction velocity studies of the bilateral upper extremities (6/27/14); physical therapy, plus additional physical therapy (22 sessions for the left shoulder, cervical and lumbar spine); 30 acupuncture treatments; right carpal tunnel injection (12/5/14); home exercise program; and medication management. The work status classification for this injured worker (IW) was noted to be returned to work on modified duty as of 1/6/2014 versus 2015 (as per the 1/6/15 illegible PR-2). On 1/16/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/13/2015, included Topical compounded Ketolido cream #60, with 1 refill between 1/6/15 and 3/15/15. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, topical compounded analgesics; and the Federal Drug Administration, Ketoprofen - topical application, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of topical compound Ketolido cream #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. The use of topical NSAIDs such as topical Ketoprofen are indicated for joint arthritis but there is lack of evidence for its use in the spine and shoulder. In addition topical Lidocaine is approved and recommended for neuropathy due to diabetes and herpes. In this case, the claimant was provided the topical cream since September 2014. The claimant does not have the above indications for use and long-term use is not indicated. As a result, continued use of Ketolido cream with a month refill is not medically necessary.