MAXIMUS Federal Services

Case Number:	CM15-0211003		
Date Assigned:	10/29/2015	Date of Injury:	08/07/2015
Decision Date:	12/17/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, New York, 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 applicant is a represented 41-year-old who has filed a claim for shoulder pain reportedly associated with an industrial injury of August 7, 2015. In a Utilization Review report dated October 16, 2015, the claims administrator failed to approve a request for a ketoprofen cream while approving requests for Relafen and Ultracet. A September 25, 2015 Doctor's First Report (DFR) was referenced in the determination. The applicant's attorney subsequently appealed. On September 25, 2015 office visit, the applicant reported ongoing issues with shoulder pain, reportedly imputed to a specific industrial injury of August 7, 2015. 4/10 pain complaints were noted. The applicant was using tramadol for pain relief and was reportedly deriving appropriate analgesia from the same, the treating provider reported. Ultracet, Relafen, and the ketoprofen cream in question were endorsed while the applicant was given a rather proscriptive limitation of no use of the right upper extremity. Physical therapy was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Cream 20% 30 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Online Version, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: No, the request for a topical ketoprofen cream was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications such as the ketoprofen cream in question are deemed not recommended as part of initial approaches to treatment. The applicant's concurrent usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as Ultracet and Relafen, moreover, effectively obviated the need for the ketoprofen cream in question. Therefore, the request was not medically necessary.