

<b>Case Number:</b>	CM15-0217797		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: Physical Medicine & Rehabilitation

### 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 37-year-old male, who sustained an industrial injury on 3-4-2013. The injured worker is undergoing treatment for: cervical disc protrusion, left medial epicondylitis, left shoulder tenosynovitis, lumbar disc protrusion, right knee sprain and strain, other insomnia, anxiety and depression. On 1-14-15, 8-18-15, and 9-23-15, he reported pain to the neck with radiation into the hands and associated numbness and weakness; low back pain with radiation into the feet with associated numbness and weakness; left shoulder pain with radiation into the hand and associated tingling and weakness; left elbow pain with radiation into the left small finger and associated tingling; right knee pain with radiation into the foot with associated cramping; and loss of sleep due to pain. Objective findings revealed cranial nerves within normal limits, decreased cervical spine range of motion, tenderness in the neck and trapezii, muscle spasm in the neck muscles, pain with cervical compression; tenderness in the low back with decreased lumbar range of motion noted; tenderness in the left shoulder region with decreased range of motion noted and negative impingement, neer and Hawkins testing; tenderness in the left elbow with decreased range of motion noted; tenderness in the right knee with positive mcmurray's testing. The treatment and diagnostic testing to date has included: medications, at least 4 sessions of extracorporeal shockwave treatment. Medications have included: naproxen, omeprazole, cyclobenzaprine, ketoprofen cream, FCMC cream. The records indicate he has been utilizing Ketoprofen cream since at least August 2015. There is no discussion regarding pain relief with Ketoprofen cream. Current work status: modified. The request for authorization is for: Ketoprofen ointment 120 grams, apply 3 times daily as needed in the evening. The UR dated 10-15-2015: non-certified the request for Ketoprofen ointment 120 grams, apply 3 times daily as needed in the evening.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Keto Ointment 120 gram Apply 3 x Daily As Needed in The PM: 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 current request is for KETO OINTMENT 120 GRAM APPLY 3 X DAILY AS NEEDED IN THE PM. Treatment today has included medications, extracorporeal shockwave treatment, and physical therapy. The patient may return to modified duty. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, 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." MTUS further states, Non FDA approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Per report 09/23/15, the patient presents with chronic neck, lower back, right knee and left upper extremity pain. The patient has radiating symptoms in the upper and lower extremities. Medications include naproxen, omeprazole, cyclobenzaprine, Ketoprofen cream, and FCMC cream. The records indicate he has been utilizing Ketoprofen cream since at least August 2015. The treater requests a refill of Ketoprofen ointment 120 grams, to be applied 3 times daily as needed in the evening. As cited above, the requested Ketoprofen topical cream, is not currently FDA approved for topical application, as it has an extremely high incidence of photo contact dermatitis. Therefore, the request IS NOT medically necessary.