

<b>Case Number:</b>	CM15-0221110		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 59-year-old male, who sustained an industrial injury on 3-31-2009. The injured worker is being treated for shoulder impingement syndrome. Treatment to date has included diagnostics, surgical intervention (right shoulder arthroscopic surgery, 7-17-2013 and left shoulder arthroscopy and decompression, 2-2014), and medications. Per the Primary Treating Physician's Progress Report dated 9-10-2015, the injured worker reported 7 out of 10 left shoulder pain with clicking, popping and snapping. Objective findings included tenderness over the anterior left shoulder with limited range of motion and crepitus with flexion and rotation. He had pain with supraspinatus test and impingement sign. Magnetic resonance angiography (MRA) of the left shoulder was read by the provider as "partial articular surface tear supraspinatus with possible full thickness tear at the insertion. No tear long head of biceps." There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Work status was not documented at this visit. The plan of care included possible surgical intervention. On 10-13-2015, Utilization Review non-certified the request for Ketoprofen 15% spray 120mL.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 15% spray 120ml #1 (no scent): 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): Salicylate topicals, Topical Analgesics.

**Decision rationale:** Regarding the request for Ketoprofen 15% spray 120ml #1 (no scent), CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the prior NSAID medications. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs (patient was being given Relafen in 2015), which would be preferred, or that the topical ketoprofen is for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Ketoprofen 15% spray 120ml #1 (no scent) is not medically necessary.