

Case Number:	CM15-0047542		
Date Assigned:	03/19/2015	Date of Injury:	08/13/2013
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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 50-year-old male, who sustained an industrial injury on 8/13/2013. Diagnoses have included cervical spine sprain/strain, bilateral shoulder, elbow and wrist sprain/strain rule out internal derangement, thoracic and lumbar spine sprain/strain rule out herniated nucleus pulposus (HNP) and bilateral knee sprain/strain rule out internal derangement. Treatment to date has included physical therapy and medication. According to the progress report dated 2/3/2015, the injured worker complained of burning neck pain rated 5-6/10. He also complained of burning, bilateral shoulder pain rated 6/10, radiating down the arms to the fingers, associated with muscle spasms. He complained of burning, bilateral elbow pain and wrist pain rated 5-6/10. He also complained of burning mid back pain and lower back pain rated 5-6/10. The injured worker complained of burning, bilateral knee pain rated 5-6/10. Exam of the cervical spine revealed tenderness to palpation and decreased range of motion. Bilateral shoulder exam revealed tenderness to palpation and decreased range of motion. Bilateral elbow exam revealed tenderness to palpation. Bilateral wrist exam revealed tenderness at the carpal tunnel. Thoracic exam revealed tenderness to palpation. There was palpable tenderness at the lumbar paraspinal muscles. Authorization was requested for Ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% Cream 165gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with burning neck pain rated 5-6/10, burning bilateral shoulder pain rated 6/10, radiating down the arms to the fingers, associated with muscle spasms, burning bilateral elbow and wrist pain rated 5-6/10, burning mid back and lower back pain rated 5-6/10, and knee pain rated 5-6/10. The request is for Ketoprofen 20% Cream 165 Gm. The RFA provided is dated 02/03/15. Patient is temporarily totally disabled. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents." Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended". Ketoprofen is not indicated for use as a topical formulation and per MTUS, if one of the compounded topical product is not recommended, then the entire product is not. Therefore, the compound medication is not medically necessary.