

Case Number:	CM15-0048794		
Date Assigned:	03/20/2015	Date of Injury:	04/27/2006
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/16/2015

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 36 year old male who sustained an industrial injury on April 27, 2006. He has reported right hand pain and has been diagnosed with status post crush injury, surgeries right hand and metacarpal joints, neuropathic pain, and minimal function of the right hand. Treatment has included TENS, cognitive behavioral therapy, electrical stimulation, biofeedback, SCS trial, home exercise program, and medications. Progress report dated August 27, 2014 noted right hand pain 5/10. The treatment request included Ketoprofen gel 30 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen gel 30gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Medications for chronic pain Page(s): 111-113, 60.

Decision rationale: The 36 year old patient complains of right hand pain, and is status post crush injury and surgeries of the right hand and metacarpal joints, as per progress report dated

03/02/15. The request is for Ketoprofen Gel 30 gms. There is no RFA for this case, and the patient's date of injury is 04/27/06. The patient rates the pain as 6/10, as per progress report dated 03/02/15, and suffers from deformity and minimal function of right hand along with depression. Medications included Ketoprofen gel and Amitriptyline. The patient is permanent and stationary and on social security. The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Ketoprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, Ketoprofen gel was first prescribed in progress report dated 03/07/14, and the patient has been using the topical consistently since then. In progress report dated 03/02/15, the treating physician states that the patient is using Ketoprofen during the day. However, there is no documentation of efficacy in terms of objective reduction in pain and improvement in function, as required by MTUS page 60. Hence, the request Is Not medically necessary.