

<b>Case Number:</b>	CM15-0049606		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	10/21/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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:

This 36 year old male sustained an industrial injury to bilateral wrists on 10/21/12. The injured worker sustained an industrial injury to the low back on 10/23/11. Previous treatment included right carpal tunnel release (1/29/15), magnetic resonance imaging, electromyography, acupuncture, physical therapy, chiropractic therapy and medications. In the most recent PR-2 submitted for review dated 1/21/15, the injured worker was scheduled to have right wrist surgery the following day. The injured worker complained of ongoing pain to the mid back, low back and wrist with intermittent spasm and swelling. Physical exam was remarkable for tenderness to palpation to the right volar carpal ligament with positive Tinel's sign and positive Phalen's test and decreased range of motion. Current diagnoses included right carpal tunnel syndrome, lumbar spine degenerative disc disease and thoracic spine degenerative disc disease. The treatment plan included postoperative therapy and refilling medications (Naproxen, Omeprazole and Cyclobenzaprine). On 2/11/15, a request for authorization was submitted for Keto Ointment and FCMC ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective: Keto Ointment 120mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

**Decision rationale:** Topical NSAIDs-the efficacy of topical NSAIDs in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for use with neuropathic pain, as there is no evidence to support use. In this case, the diagnosis don't support the use for topical NSAID treatment. Furthermore, the MTUS states this medication has inconsistent efficacy when used for chronic pain. The request is not medically necessary.