

Case Number:	CM15-0053456		
Date Assigned:	03/26/2015	Date of Injury:	06/28/2013
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/20/2015

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: Emergency 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 30 year old female, who sustained an industrial injury on 06/28/2013. She reported cumulative injuries and a specific injury to right hand and back. Diagnoses include cervical sprain/strain, radiculopathy, right wrist tenosynovitis, lumbar sprain, radiculopathy, anxiety disorder and mood disorder. Treatments to date include medication therapy, physical therapy, acupuncture, shockwave therapy treatments, and injections. Currently, they complained pain located in the neck, mid back, right upper extremity including the elbow, wrist and hand associated with numbness, tingling and weakness of the right upper extremity. On 10/28/14, the physical examination documented decreased range of motion in multiple locations with muscle tenderness with palpation. The cervical compression test was positive, Cozen's and Mill's tests were positive to the right elbow, and positive Phalen's and Finkelstein's tests to the right wrist. The plan of care included continuation of already initiated shock wave treatments, continue use of the TEN's unit and continue medication therapy including topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 167: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk Page(s): 68-69, 111-112.

Decision rationale: The requested Ketoprofen 20% cream 167 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111 112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has pain located in the neck, mid back, right upper extremity including the elbow, wrist and hand associated with numbness, tingling and weakness of the right upper extremity. On 10/28/14, the physical examination documented decreased range of motion in multiple locations with muscle tenderness with palpation. The cervical compression test was positive, Cozen's and Mill's tests were positive to the right elbow, and positive Phalen's and Finkelstein's tests to the right wrist. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Ketoprofen 20% cream 167 is not medically necessary.