

<b>Case Number:</b>	CM15-0054581		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Preventive Medicine, Occupational 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 24-year-old male, who sustained an industrial injury on 10/08/2014. He reported injury to the left shoulder. The injured worker was diagnosed as having left shoulder sprain and strain with history of possible dislocation. Treatment to date has included x-rays, physical therapy and sling. Currently, the injured worker complains of constant pain, stiffness and weakness to the left shoulder and pain in his neck and upper back. Treatment plan included physical therapy, Ibuprofen, Flexeril, Prilosec and topical analgesic ointments in the form of Flurbiprofen/Capsaicin/ Menthol/Camphor and Ketoprofen/Cyclobenzaprine/Lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 120mg (am):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical- non-steroidal anti-inflammatory drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 111.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen 120mg (am) is not medically necessary.

**Ketoprofen 120mg (pm):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical- non-steroidal anti-inflammatory drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 112.

**Decision rationale:** Ketoprofen agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen 120mg (pm) is not medically necessary.