

<b>Case Number:</b>	CM15-0055317		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<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: 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 34-year-old female, who sustained an industrial injury on 6/9/14. She reported pain in the head/jaw, neck, bilateral shoulder, right wrist, left hand/fingers, and low back. The injured worker was diagnosed as having pain in the left side of the jaw, cervical spine radiculopathy, cervical spine pain, rule out cervical disc displacement, rule out bilateral shoulder internal derangement, bilateral shoulder pain, rule out right wrist internal derangement, right wrist pain, left ginger deformity, left hand pain, low back pain, lower extremity radiculitis, and rule out lumber disc displacement. Treatment to date has included physical therapy and electrical stimulation. An X-ray of the left wrist was noted to have revealed diffuse osteoporosis of the carpal bones suggestive of Sudeck's atrophy. Currently, the injured worker complains of left sided jaw pain, neck pain with spasms, numbness and tingling in bilateral upper extremities, and bilateral shoulder pain with radiation to the arms and fingers with spasms. Right wrist pain with spasms, left hand and finger pain, low back pain with spasms and associated numbness and tingling of bilateral lower extremities were also noted. The treating physician requested authorization for Ketoprofen cream for the left hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication: Ketoprofen cream - left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal Anti-inflammatory Agents, pages 111-112; Non-Steroidal Anti-inflammatory Medications, GI Symptoms and Cardiovascular Risk Page(s): 111-112, 68-69.

**Decision rationale:** The requested medication, Ketoprofen cream - left hand, 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 NSAID have the potential to raise blood pressure in susceptible patients. The injured worker has left sided jaw pain, neck pain with spasms, numbness and tingling in bilateral upper extremities, and bilateral shoulder pain with radiation to the arms and fingers with spasms. Right wrist pain with spasms, left hand and finger pain, low back pain with spasms and associated numbness and tingling of bilateral lower extremities were also noted. 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, Medication: Ketoprofen cream - left hand is not medically necessary.