

Case Number:	CM15-0062512		
Date Assigned:	04/08/2015	Date of Injury:	12/26/2014
Decision Date:	05/12/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/02/2015

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, Pain Management

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 56 year old female, who sustained an industrial injury on December 26, 2014. She reported an injury to her right upper extremity. The injured worker was diagnosed as having proximal biceps tendon tear, joint pain shoulder and biceps rupture. Treatment to date has included diagnostic studies, physical therapy and medication. On February 3, 2015, subjective complaints were lacking from the report. Physical examination of the bilateral upper extremities revealed a positive impingement sign in both shoulders. Tenderness was noted over the bicipital groove. A bunched-up muscle on the right biceps long head tendon was palpated. She had decreased strength on supination on the right. The treatment plan included a request for compound medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD:Ketoprofen 25%,Flurbiprofen 25% 30day supply: 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 Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 112 state the following regarding topical ketoprofen: "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000)" Given this unapproved component of a compounded cream, the entire formulation as requested is not medically necessary.