

<b>Case Number:</b>	CM15-0082723		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	04/05/2001
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 68 year old female, who sustained an industrial injury on 4/05/2001. The mechanism of injury was not noted. The injured worker was diagnosed as having shoulder impingement/bursitis, shoulder arthralgia, knee chondromalacia patella, osteoarthritis shoulder, carpal tunnel syndrome, and status post right shoulder subacromial decompression and distal clavicle resection. Treatment to date has included diagnostics, right shoulder surgery (unspecified date), transcutaneous electrical nerve stimulation unit, cortisone injections, home exercise program, and medications. Currently, the injured worker complains of pain in her bilateral hands, knees, and shoulders. She stated her right shoulder pain hurts the same as before, possibly worse. Pain was not rated. She requested bilateral wrist braces, as her current ones were 8 years old. She was currently retired. Current medications included Celebrex, Glimeperide, Lisinopril, Lovastatin, Metformin, and Nitrostat. The treatment plan included continued medications and Ketoprofen 20% topical cream, to decrease pain and inflammation, and decrease risk of side effects common with oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Ketoprofen topical cream 20%:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines are very specific regarding the appropriate use of Topical Agents for pain complaints. Only FDA approved agents and strengths for topical use are supported by Guidelines. The Guidelines specifically state that topical Ketoprofen is not FDA approved and not Guideline recommended due to high frequency of certain side effects. The 1 Ketoprofen topical cream 20% is not supported by Guidelines and is not medically necessary. There are other alternative agents available.