

<b>Case Number:</b>	CM15-0085584		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	03/26/2007
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Family Practice

### 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 65 year old male, who sustained an industrial injury on March 26, 2007. The injured worker reported injuries to left shoulders and later the right shoulder due to a fall. The injured worker was diagnosed as having osteoarthritis and chronic pain syndrome. Treatment to date has included multiple surgeries, physical therapy, magnetic resonance imaging (MRI), x-rays, medication and injections. A progress note dated February 9, 2015 the injured worker complains of bilateral shoulder pain with stiffness. There is no reported change in condition from previous visit. Physical exam notes left shoulder tenderness on palpation with decreased range of motion (ROM) and crepitus. There is decreased hand strength with greater weakness of the left greater than right. Injection of the shoulder was discussed and declined for now. The plan includes Norco, Ketoprofen gel and home exercise program (HEP).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication: Ketoprofe/Salt Stab #60:** 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): 111-112.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of topical analgesics that include the NSAID, Ketoprofen. Topical analgesics are considered as 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. There is little to no research to support the use of many of these agents. Regarding the use of topical NSAIDs these guidelines state the following: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, given that the treatment of the topical NSAID is intended for the shoulder and the above cited guidelines comments regarding the lack of evidence in support of a topical NSAID for treatment of the shoulder, the use of topical Ketoprofen is not considered medically necessary.