

Case Number:	CM15-0099950		
Date Assigned:	06/02/2015	Date of Injury:	12/24/2012
Decision Date:	07/02/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, Illinois

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:

This 57 year old female sustained an industrial injury on 12/24/12. She subsequently reported right thumb pain. Diagnoses include shoulder adhesive capsulitis, arthralgia, impingement and arthritis. Treatments to date include modified work duty, physical therapy and prescription medications. The injured worker continues to experience bilateral arm pain. Upon examination, tenderness is noted in the right thumb. Strength and motor are intact. Bilateral shoulder positive pain with range of motion in the deltoids and trapezius and positive mild impingement left greater than right was noted. A request for Ketoprofen medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 100g tube, #9: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

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

Decision rationale: The injured worker sustained a work related injury on 12/24/12. The medical records provided indicate the diagnosis of shoulder adhesive capsulitis, arthralgia, impingement and arthritis. Treatments to date include modified work duty, physical therapy and prescription medications. The medical records provided for review do not indicate a medical necessity for Ketoprofen 100g tube, #9. Ketoprofen tube is a topical analgesic. The topical analgesics are largely primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Ketoprofen is a non recommended agent.