

<b>Case Number:</b>	CM15-0245974		
<b>Date Assigned:</b>	12/28/2015	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	11/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2015

### 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: Arizona, 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 62 year old female who sustained an industrial injury June 9, 2010. Past treatment included 7 sessions of chiropractic therapy, 5 sessions of acupuncture and a steroid injection (unspecified) all provided no relief of pain. Diagnoses are left shoulder impingement, left shoulder subacromial bursitis, left shoulder degenerative joint disease, left shoulder AC (acromioclavicular) joint arthropathy, cervical strain, and left CTS (carpal tunnel syndrome). According to a treating physician's report dated October 15, 2015, the injured worker presented with complaints of posterior left shoulder pain, rated 4 out of 10, with no change since the last visit. The pain is increased with the use of the left hand and when lifting the left arm, with weakness and tingling in the hand and fingers. She is pending physical therapy authorization, PRP (platelet rich plasma) injection for the shoulder and ultrasound guided carpal tunnel injection. She reports using a wrist brace and not sure if it is a benefit. Current medication included Ultracet, Naproxen, over the counter Advil, and Ketoprofen cream. The medication reduces her pain by 70% and increases her activity level. Her primary care physician provided a prescription for Pantoprazole for her stomach pain. Objective findings included dermatomes C2-S2 intact to light touch and pinprick, decreased left shoulder abduction, internal rotation and flexion secondary to pain, normal gait, hypertonicity paraspinals left C2-6, left trapezius, limited right cervical rotation and extension, Hawkins, impingement, and Scarf, O'Brien's, Phalen's, and Tinel's (wrist) all positive, left. At issue, is the request for authorization for CM3/ Ketoprofen 20% for use over the paraspinal and left AC joint. According to utilization review dated November 18, 2015, the request for CM3/ Ketoprofen 20% is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CM3-Ketoprofen-20%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Ketoprofen, topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was on oral NSAIDS as well. The Ketoprofen is not medically necessary.