

Case Number:	CM14-0124685		
Date Assigned:	08/08/2014	Date of Injury:	08/27/2013
Decision Date:	10/14/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

58y/o female injured worker with date of injury 8/27/13 with related left wrist pain. Per progress note dated 5/16/14, the injured worker complained of tightness and pain in the left wrist. She rated her pain 6-7/10 in intensity. She stated that she had increased pain with movement of the left hand and with repetitive motion. There was tenderness upon palpation on the medial and lateral aspects of the left wrist. She has been treated with surgery, acupuncture, physical therapy, and medication management. The date of UR decision was 7/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Ketoprofen Cream BID/TID 1 month supply for 6 months for both hand and wrist:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAID's) Topical Analgesics.

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

Decision rationale: With regard to topical Ketoprofen, the MTUS CPMTG states "This agent is not currently FDA approved for a topical application. It has an extremely high incidence of

photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006)". As the requested medication is not recommended by the MTUS, the request is not medically necessary.