

Case Number:	CM14-0138346		
Date Assigned:	09/05/2014	Date of Injury:	01/20/2012
Decision Date:	10/09/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a female in her mid fifties who reported an injury due to continuous, repetitive stress on 01/20/2012. On 04/24/2013, her diagnoses included advanced degenerative osteoarthritis of the bilateral hands inclusive of the DIP joints of the digits, IP and MP joints, and bilateral thumbs. Status post DIP fusions, index, middle, ring, and little fingers left hand, and IP fusion, left thumb with penetration of DIP joint and advanced degenerative osteoarthritis of the right knee. Her complaints included bilateral hand and upper extremity pain as well as right knee pain. Her medication regimen was not included in the submitted documentation. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream: 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): 111-113.

Decision rationale: The request for Ketoprofen cream is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental 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. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Ketoprofen is not currently FDA-approved for topical application in humans. It has an extremely high incidence of photo contact dermatitis. Additionally, the request did not specify a dosage, quantity, or frequency of application. Therefore, this request for Ketoprofen cream is not medically necessary.