

Case Number:	CM14-0162385		
Date Assigned:	10/07/2014	Date of Injury:	09/24/2010
Decision Date:	10/31/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/02/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 43 year-old female who suffered neck and upper extremity injuries 9/24/10. It was attributed to cumulative trauma from lifting, pulling, and restraining. She complained of neck pain radiating to the left shoulder. On exam, she had cervical spine tenderness, muscle spasms, normal reflexes and strength, but decreased sensation in the ulnar aspect of the left upper extremity. Electrodiagnostic testing revealed no radicular pathology but ulnar neuropathy at the left elbow that was treated with a left cubital tunnel release. An MRI of the cervical spine showed mild cervical disc bulges but no involvement of the adjacent nerve roots. She was diagnosed with cervical spine sprain/strain with multilevel disc bulges, status post left cubital tunnel release on 3/21/13, left medial epicondylitis, bilateral wrist sprain/strain, anxiety, weight gain, and shoulder sprain/strain. Her therapy included physical therapy, chiropractic treatment, medications including NSAIDs, tramadol, Motrin, Flexeril, and topical creams, cervical diagnostic facet block, and left cubital tunnel release. The request is for topical ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 100% #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. The efficacy of topical NSAIDs have shown inconsistent results in studies. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis and tendinitis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. It is recommended only for short term use. It is not recommended for neuropathic pain. Ketoprofen is not FDA approved for topical application. The patient has also been on oral NSAIDs and should not be combined with topical applications. The patient has experienced this cervical pain for three years and is likely to benefit more from other conservative measures. Therefore, the request is considered medically unnecessary.