

Case Number:	CM14-0180142		
Date Assigned:	11/04/2014	Date of Injury:	05/04/2009
Decision Date:	12/09/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/29/2014

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. 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 36 year old female who was injured on 5/4/2009. She was diagnosed with repetitive strain syndrome of the right upper extremity, myofascial pain syndrome, cervicgia, cervical sprain, and neuropathy. She was treated with various medical foods, oral medications (NSAIDs), topical medications, and TENS unit. On 8/4/14, the worker was seen by her primary treating physician reporting unchanged along with persistent upper extremity pain with numbness and tingling in both hands. She reported that an ergonomic chair and a new keyboard are helping as well as her use of ketoprofen cream and medical foods prescribed to her earlier. She also reported using TENS at night which also helps. Physical findings included normal strength in upper extremities, and minimal right hand and forearm tenderness. She was then recommended to continue to use her topical ketoprofen as she was interested in getting pregnancy and didn't want to take oral medications. She was also recommended to continue her medical foods (Theramine, Sentra AM, and Sentra PM) as well as continuing her home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

(RETRO DOS: 8/4/14) Ketoprofen Creme 20% Qty: 2.00: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical non-steroidal anti-inflammatory drugs (NSAIDs) specifically have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time. However, there are no long-term studies to help support appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms. Caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, there was reportedly some benefit to her using ketoprofen, although this was not quantified and there was no documented evidence of functional benefit related to the topical ketoprofen. Also, it is not FDA approved. Therefore, due to the reasons above and potentially similar blood concentrations as oral forms, this request is not medically necessary.