

Case Number:	CM14-0087452		
Date Assigned:	07/23/2014	Date of Injury:	01/22/2011
Decision Date:	09/22/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/11/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 57 year old male who reported injury on 01/22/2011 from a fall with loss of consciousness. The diagnoses noted is a left wrist sprain/ fractured injury. Past treatments include medications, left wrist surgery, and cortisone injections. His past diagnostic tests included an MRI of the lumbar and cervical spine on 07/20/2011; an x-ray of the lumbar spine on 10/31/2011; electronic diagnostic testing of the lower extremities was conducted on 12/15/2011 and of the upper extremities on 10/12/2012; and x-rays of the left wrist were performed on 03/03/2014. The injured worker had left wrist surgery in 2011. On 07/03/2014, the injured worker complained of ongoing pain in his neck, low back, knee, left wrist and right shoulder. He has a pain level of 6/10 and is stressed out. The physical exam revealed tenderness and swelling in the left wrist and right shoulder tenderness with decreased range of motion. Medications included Ketoprofen cream. The treatment plan is to continue medication management along with the usage of Ketoprofen cream and perform home exercises as tolerated. There is not a rationale for the request and the request for authorization form is not provided.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker has a history of 2 left wrist surgeries, complains of pain in his neck, low back, knee, left wrist and right shoulder with decreased range of motion. The California Medical Treatment Utilization Schedule MTUS guidelines state topical ketoprofen is not recommended for short-term use and have an extremely high incidence of photo contact dermatitis. The documentation indicated that the injured worker has been using topical Ketoprofen. However, this agent is not recommended for topical use by the guidelines. As such Ketoprofen cream is not medically necessary.