

Case Number:	CM13-0059728		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2012
Decision Date:	02/25/2015	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/02/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 39 year old male who suffered a cumulative trauma injury to his neck and left shoulder work related injury reported on 05/18/2012. Per the physician notes from 10/18/13 he complains of significant left shoulder pain in spite of treatment with nonsteroidal and physical therapy. He complained of pain with activities and pain that awakens him at night when he rolls onto his left shoulder. He was working full time at the time of the evaluation. On exam he was noted to have a painful arc of motion and tenderness over the left AC joint. The MRI from 10/30/12 was reported to show distal supraspinatus and infraspinatus tendinosis possible partial-thickness articular surface tear distal infraspinatus tendon. Diagnoses include left subacromial impingement stage II with internal rotation contracture and symptomatic AC joint degenerative joint disease, rotator cuff sprain and strain, adhesive capsulitis of shoulder, other affections of the shoulder region and neck, and osteoarthritis of the shoulder region. He received a steroid injection to the left shoulder in the office, which provided 100% AC joint pain relief and restored 50% impingement testing relief. She was to start a home exercise program, was provided a home exercise kit, was enrolled in a physical therapy program, and was to continue Anaprox and Prilosec, as well as a compound cream to be applied to the left shoulder 3 times per day. The topical medication was denied by the Claims Administrator on 11/21/13 and was subsequently appealed for Independent Medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ketoprofen powder compound 120gm, prescribed on 10/21/2013: 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: This patient presents with continued left shoulder pain. The current request is for Retrospective Ketoprofen Powder Compound 120gm (DOS 10/21/13). The MTUS Guidelines page 111 has the following regarding topical creams: "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." Given the lack of support from MTUS for Ketoprofen, this request is not medically necessary.