

Case Number:	CM13-0072472		
Date Assigned:	01/08/2014	Date of Injury:	02/01/2012
Decision Date:	02/28/2015	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/31/2013

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old female was injured 2/1/12 involving her right upper extremity, primarily in the wrist area. The specific mechanism of injury was not indicated. She had exhibited an achy pain up and down her arm, pain up to her shoulder with vague numbness of the hand especially on the ulnar side. She currently has thumb pain which was new. On examination of the right wrist there was tenderness to the ulnar aspect first dorsal compartment; range of motion with pain at the end of her ulnar deviation; negative Tinel sign over the ulnar nerve over the wrist and positive Finkelstein test; decreased sensation to light touch pinky fingertip. Electromyography (7/16/13) demonstrated a positive finding was an ulnar entrapment in the area of the right elbow. Her diagnoses include status post fall; contusion with component of de Quervain tenosynovitis right wrist and diabetes. Her medications include ketoprofen and ibuprofen. The injured worker has undergone multiple injections to the first dorsal compartment and injections for the extensor carpi ulnaris. She has plateaued and is unchanged. Radiograph of bilateral hands (11/7/13) indicated mild osteoarthritis. She was able to perform activities of daily living per documentation (8/6/13). Her last day worked was 5/10/13. She had work restrictions of lifting 25 pounds or less, limited in pushing, grasping and torqueing of the right hand and cage pull limited to 30 per hour. She was to return to modified duty with above work restrictions per documentation 11/7/13. On 11/22/13 Utilization Review (UR) non-certified the request for Ketoprofen; PLO transdermal; Ethoxy Diglycol: 100% based lack of support by current evidence-based guidelines of efficacy and that ketoprofen is not approved for transdermal use. In addition the documentation does not indicate that the injured worker was unable to tolerate oral non-steroidal anti-inflammatories or

that there were other contraindications to oral medications. The guidelines referenced were ODG and US FDA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen and Ethoxy Diglycol, 100gms for 30 days: 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 based on Non-MTUS Citation Official Disability Guidelines, Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ketoprofen and Ethoxy glycol 100 g, 30 day supply is not medically necessary. Topical analgesics are largely experimental with few 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 one drug (or drug class) that is not recommended is not recommended. Diclofenac is the only available FDA approved topical nonsteroidal anti-inflammatory. Ketoprofen is not FDA approved for topical use. In this case, the injured workers working diagnoses are contusion right wrist; De Quervain's tenosynovitis right wrist; and fall. The injured worker complained of pain on the inner aspect of the wrist with radiation to the thumb. Documentation did not contain any specific medication documentation. Additionally, ketoprofen topical is not FDA approved. Any compounded product that contains least one drug (topical ketoprofen) that is not recommended is not recommended. Consequently, a ketoprofen containing topical analgesic is not recommended. Based on clinical information and medical records and the peer-reviewed evidence-based guidelines, Ketoprofen and Ethoxy glycol 100 g, 30 day supply is not medically necessary.