

Case Number:	CM14-0218910		
Date Assigned:	01/09/2015	Date of Injury:	12/03/2009
Decision Date:	03/05/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Emergency 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 48 year old female sustained work related industrial injuries on December 3, 2009. The mechanism of injury was not described. The injured worker subsequently complained of ongoing bilateral thumb, hand pain and bilateral neck pain. The injured worker was diagnosed and treated for chronic neck pain, bilateral cervical facet joint pain C5-C6, C6-C7, cervical facet joint arthropathy, bilateral carpometacarpal joint thumb pain and status post bilateral thumb carpometacarpal joint arthroplasty on July 25, 2014. Treatment consisted of prescribed medications, occupational therapy, activity modifications, consultations and periodic follow up visits. Per treating provider report dated December 2, 2014, physical exam revealed bilateral cervical tenderness with restricted range of motion secondary to pain. Documentation noted mild tenderness of the left thumb with restricted range of motion secondary to pain. The provider recommended Ketoprofen to treat the injured worker's bilateral CMC thumb pain. As of December 2, 2014, the injured worker remains temporarily totally disabled. The treating physician prescribed services for Ketoprofen cream now under review. On December 22, 2014, the Utilization Review (UR) evaluated the prescription for Ketoprofen cream requested on December 15, 2014. Upon review of the clinical information, UR non-certified the request for Ketoprofen cream, noting that current evidence based guidelines do not support the use of cream in the injuries cited and the recommendations of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

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: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

Decision rationale: As per MTUS guidelines topical creams are considered experimental with poor evidence to support efficacy or use. Topical NSAIDs is mostly recommended in osteoarthritis pain in large joints like the knees. Ketoprofen is an NSAID. It is not FDA approved for topical applications therefore this is a compounded product. There is no rationale as to why oral or an FDA approved compound was not use. The use of a non-FDA approved application of a medication when there are multiple other topical NSAIDs is not medically necessary. Ketoprofen cream is not medically necessary.