

<b>Case Number:</b>	CM15-0004069		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 39-year-old who has filed a claim for chronic shoulder, neck, and wrist pain reportedly associated with an industrial injury of September 7, 2012. In a Utilization Review Report dated December 30, 2014, the claims administrator failed to approve a request for a ketoprofen-containing cream. The applicant's attorney subsequently appealed. In a progress note dated July 26, 2014, the applicant reported ongoing, multifocal complaints of bilateral shoulder pain. The applicant was given oral diclofenac and omeprazole. The applicant was kept off of work, on total temporary disability. On December 16, 2014, the applicant reported ongoing complaints of shoulder pain status post earlier shoulder arthroscopy. Naprosyn, Prilosec, and Sonata were endorsed while the applicant was kept off of work, on total temporary disability. In an earlier note dated October 16, 2014, the applicant was, once again, placed off of work, on total temporary disability while oral diclofenac, a ketoprofen-containing compound, and Prilosec were endorsed.

### 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 Topical analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Ketoprofen section Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the article at issue, is not recommended for topical compound formulation purposes. As one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including oral diclofenac, effectively obviated the need for the ketoprofen-containing compound at issue. Therefore, the request was not medically necessary.