

<b>Case Number:</b>	CM15-0008818		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/06/2007
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 64-year-old male who reported injury on 08/06/2007. The mechanism of injury was noted to be cumulative trauma. The diagnoses included right carpal tunnel, right ulnar tunnel, and right ulnar neuropathy. The documentation of 01/26/2015 revealed the injured worker was upset by the denial of the ketoprofen cream. The injured worker was noted to have 3 right wrist surgeries for carpal tunnel syndrome and ulnar neuropathy. The current medications were noted to include gabapentin and tramadol ER. The injured worker had a positive Tinel's on the right and a positive Phalen's bilaterally. The treatment plan included ketoprofen cream 1 tube to rub over the wrist to decrease inflammation and avoid oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen gel120 g #2:** 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 Topical Ketoprofen Page(s): 111; 112.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... 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. Ketoprofen is not currently FDA approved for a topical application. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants and Ketoprofen is not FDA approved for topical application. The request as submitted failed to indicate the body to be treated with the medication, as well the frequency. There was a lack of documentation of exceptional factors. Given the above, the request for ketoprofen gel 120 g #2 is not medically necessary.