

Case Number:	CM15-0120492		
Date Assigned:	07/01/2015	Date of Injury:	01/05/2014
Decision Date:	08/26/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/23/2015

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 49 year old female, who sustained an industrial injury on 1/5/2014. Diagnoses have included headaches, cervicgia, cervical disc displacement, cervical radiculopathy, lumbar region intervertebral disc displacement, and bilateral shoulder, elbow and wrist pain. Treatment to date has included physical therapy, acupuncture, chiropractic treatment and medication. According to the progress report dated 6/10/2015, the injured worker complained of severe headaches and vision disturbances. She complained of neck pain associated with numbness and tingling of the bilateral upper extremities. She complained of bilateral shoulder pain radiating down the arms to the fingers. She complained of bilateral elbow pain and bilateral wrist pain with weakness, pain, numbness and tingling radiating to the hands and fingers. She complained of low back pain associated with numbness and tingling of the bilateral lower extremities. She complained of bilateral knee pain and right ankle pain. Physical exam revealed tenderness to palpation of the cervical spine with decreased range of motion. There was tenderness to palpation of the bilateral shoulders, elbow and wrists. Authorization was requested for Ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream #167 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines Ketoprofen, topical.

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

Decision rationale: The patient was injured on 01/05/14 and presents with severe headaches, vision disturbances, burning/radicular neck pain, burning bilateral shoulder pain radiating down the arms to the fingers, burning bilateral elbow pain, burning bilateral wrist pain, radicular low back pain, burning bilateral knee pain, and burning right ankle pain. The request is for Ketoprofen 20% Cream #167 grams. The RFA is dated 05/06/15 and the patient is to remain off of work until 06/10/15. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". MTUS page 111 states "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis". The patient has pain with heel walking, a limited lumbar spine range of motion, tenderness to palpation over the medial/lateral joint line of the bilateral knees, and tenderness to palpation over the medial/lateral malleolus. She is diagnosed with headaches, cervicgia, cervical disc displacement, cervical radiculopathy, lumbar region intervertebral disc displacement, and bilateral shoulder, elbow and wrist pain. Treatment to date includes physical therapy, acupuncture, chiropractic treatment, and medication. In this case, Ketoprofen is not approved for topical formulation per MTUS Guidelines. Therefore, the requested Ketoprofen cream is not medically necessary.