

Case Number:	CM15-0122141		
Date Assigned:	07/06/2015	Date of Injury:	12/23/2006
Decision Date:	07/31/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/24/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 41 year old male, who sustained an industrial injury on 12/23/2006. He has reported injury to the neck and right shoulder. The diagnoses have included cervical radiculopathy; right shoulder impingement syndrome; cannot rule out thoracic radiculopathy; and cervical and thoracic myofascial periscapular pain. Treatment to date has included medications, diagnostics, acupuncture, physical therapy, home exercise program, and chiropractic therapy. Medications have included Cyclobenzaprine and Ketoprofen cream. A progress note from the treating physician, dated 05/14/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain which he currently rates at 3-4/10 on the pain scale; he has been stable since his last visit with no significant change in his condition; he has some limitations with his activities secondary to his pain; his neck and mid back complaints are right-sided with occasional radiation of pain and numbness into the right upper extremities; he is working with modified duty and is able to tolerate this; Flexeril does help his muscle spasms significantly; the Ketoprofen cream is used as needed for flare ups and helps to reduce his pain level and increase his exercise level; and he has a history of gastritis and is unable to tolerate oral medications. The documentation notes that chiropractic treatments have helped decrease his pain; he has good relief with acupuncture; and he had increased pain with physical therapy. Objective findings included tenderness to palpation of the lumbar spine with spasms noted; cervical spine range of motion is decreased; and neurologic exam demonstrates decreased sensation of the right C6, C8 dermatomes as well as decreased sensation

in the lower extremity right L3 dermatomes. The treatment plan has included the request for CM3-Ketoprofen 20%.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3-Ketoprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Topical Ketoprofen is an NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on topical analgesics for several years. Long-term use is not indicated. The claimant did not have arthritis. There are diminishing effects after 2 weeks. The topical Ketoprofen is not medically necessary.