

<b>Case Number:</b>	CM15-0123449		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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, North Carolina  
 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 22 year old female injured worker suffered an industrial injury on 5/21/2014. The diagnoses included right elbow epicondylitis, right wrist degenerative joint disease and right peripheral nerve injury. The diagnostics included electromyographic studies/nerve conduction velocity studies and right hand x-rays. The injured worker had been treated with occupational therapy, medication and hand/forearm splints. On 5/6/2015 the treating provider reported continued right elbow and wrist pain. She reported the massages she gets in therapy caused her hand to tingle more. She had constant numbness and tingling in the right hand involving all fingers with pain rated 5/10 along with weakness in the hand. She reported Advil decreased her pain from 5/10 to 3/10. She reported the therapy had made the pain worse. On exam the reflexes were decreased in the right upper extremity and decreased sensations. There was tenderness to the right elbow and reduced range of motion to the right wrist. The injured worker had not returned to work. The treatment plan included CM3-Ketoprofen cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CM3-Ketoprofen cream 20%, #1: Upheld**

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

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

**Decision rationale:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Ketoprofen is an NSAID that is not FDA-approved for topical use. It has an extremely high incidence of photo contact dermatitis. Absorption of the drug is dependent on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. This request is deemed not medically necessary or appropriate.