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| Case Number: | CM15-0126375 | | |
| Date Assigned: | 07/10/2015 | Date of Injury: | 10/21/2008 |
| Decision Date: | 08/06/2015 | UR Denial Date: | 06/10/2015 |
| Priority: | Standard | Application Received: | 06/30/2015 |

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: 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 injured worker is a 60 year old male, who sustained an industrial injury on 10/21/08. The injured worker has complaints of neck and bilateral hand complaints. The documentation noted that the injured workers gait is minimally antalgic and has strength 4/5 in the bilateral upper extremities. The diagnoses have included status post right carpal tunnel release; status post left appendectomy and bilateral hand arthralgia. Treatment to date has included home exercise program; imitrex; tramadol; prilosec; elavil; voltaren; lidopro; left wrist brace and status post right carpal tunnel release. The request was for Ketoprofen 20%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS Guidelines are very specific with the recommendation that only FDA/Guideline approved topical agents be utilized. The Guidelines also specifically state that topical Ketoprofen is not recommended due to the high incidence of photosensitivity and there are FDA approved alternatives. There are no unusual circumstances to justify an exception to Guidelines. The Ketoprofen 20% is not medically necessary.