

Case Number:	CM15-0129652		
Date Assigned:	07/16/2015	Date of Injury:	08/06/2011
Decision Date:	08/14/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/06/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 45 year old female, who sustained an industrial injury on August 6, 2001. The initial diagnosis and symptoms experienced were not included in the documentation. Treatment to date has included medication, TENS unit, pre-operative examination, surgery, physical therapy, home exercise program and urine drug screen. Currently, the injured worker complains of left shoulder pain rated 7 on 10 and decreased range of motion. She is experiencing difficulty engaging in activities of daily living. Her right shoulder pain is rated 3 on 10 and right wrist and hand pain rated 5 on 10. The injured worker is diagnosed with left shoulder acromioclavicular osteoarthropathy, post left shoulder arthroscopy, acromioclavicular osteoarthropathy (right shoulder) post right carpal tunnel release, right carpal tunnel syndrome, labral tear (right shoulder), tendinopathy calcific tendinitis of the left shoulder and impending adhesive capsulitis (left shoulder). Her work status is temporarily partially disabled with modification. A note from physical therapy dated February 27, 2015 states the injured worker was able to engage in therapy and complete exercises without difficulty. In a note dated March 7, 2015 the injured worker expresses concern over stomach upset from non-steroidal anti-inflammatory medications; as she has experienced this in the past. The injured worker recalled efficacy from topical non-steroidal anti-inflammatory medications in the past. A note dated March 28, 2015 states the injured worker has engaged in physical therapy with improved range of motion and strength, and a decrease in pain. The note also states the injured worker trialed topical non-steroidal anti-inflammatory medication with a decrease in pain reported. The injured worker is taking Naproxen with food, but this still results in stomach upset. Due to the injured workers stomach upset with oral anti-inflammatories the medication, Ketoprofen topical 300 gm with 3 refills (1200 grams total) apply 1-2 pumps 3-4 times daily is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen topical 300 gm, with 3 refills (1200 grams total), apply 1-2 pumps 3-4 times daily: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Ketoprofen is recommended as topical analgesics for chronic pain management. Ketoprofen as topical analgesic is not recommended by MTUS guidelines. Furthermore, Ketoprofen was reported to have frequent photo contact dermatitis. There is no documentation that the patient failed NSAIDs. Based on the above Ketoprofen 300grams with 3 refills is not medically necessary.