

Case Number:	CM15-0172892		
Date Assigned:	09/15/2015	Date of Injury:	05/24/2010
Decision Date:	10/26/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old female, who sustained an industrial injury on 5-24-10. The injured worker is undergoing treatment for bilateral carpal tunnel and right De Quervain's. Medical records dated 4-2-15 indicate the injured worker complains of bilateral wrist pain radiating to fingers and up the forearm. She rates the pain in the right 6 out of 10 and left wrist 4- 5 out of 10. She reports, "increased weakness in her right hand, which is worsening." Physical exam dated 4-2-15 notes no tenderness to palpation, full range of motion (ROM), positive bilateral median nerve compression and Phalen's, positive right Finklestein's and positive left Tinel's sign. Treatment to date has included wrist splints, medication and X-rays (4-2-15) revealing "no osseous abnormalities." The original utilization review dated 8-4-15 indicates the request for CM3 Ketoprofen 20% (DOS 07/08/15) is non-certified noting any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3 Ketoprofen 20% (DOS 07/08/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: With regard to topical Ketoprofen, the MTUS CPMTG states, "This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. (Diaz, 2006) (Hindsen, 2006)" The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." As topical ketoprofen is not recommended, the request is not medically necessary.