

Case Number:	CM15-0174381		
Date Assigned:	09/16/2015	Date of Injury:	11/01/2006
Decision Date:	10/19/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/04/2015

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:

This 59 year old woman sustained an industrial injury on 11-1-2006. The mechanism of injury was not detailed in the medical records available for review. Diagnoses include cervical radiculopathy, cervical disc displacement, left shoulder internal derangement, superior glenoid labrum lesion of right shoulder, low back pain, lumbar radiculopathy, lumbar disc displacement, mood disorder, anxiety, stress, and sleep disorder. Treatment has included oral and topical medications. In a PR-2 dated 9-4-2015 the provider reported complaints of 7/10 burning neck pain with muscle spasms, pain radiation into bilateral upper extremity and associated upper extremity numbness and tingling; bilateral 6-8/10 shoulder pain with radiation down the arms to the fingers associated with muscle spasms; 7-8/10 low back pain with bilateral lower extremity numbness, tingling and muscle spasms; and feelings of anxiety and depression. The pain was worse with activity and better with rest and medications. The physical examination showed neck tenderness with decreased cervical range of motion and associated positive cervical traction and foraminal compression tests; bilateral shoulder tenderness with decreased shoulder range of motion and positive apprehension sign, Neer's test and rotation/compression test; Lumbar tenderness to palpation, right paraspinal muscle guarding, decreased lumbar range of motion and positive Straight Leg Raise, Kemp's and Sitting Root tests; 4/5 weakness in bilateral lower extremities with slight sensation decrease in L4, L5 and S1 dermatomes bilaterally, and normal reflexes in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Ketoprofen 20%: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects, Topical Analgesics. Decision based on Non-MTUS Citation 1) FDA list of Approved Medications, available at: <http://www.accessdata.fda.gov/scripts/cder/ob/docs/tempai.cfm>. 2) Other: Klinge SA, Sawyer GA. Effectiveness and safety of topical versus oral non-steroidal anti-inflammatory drugs: a comprehensive review. Phys Sportsmed. 2013 May; 41 (2): 64-74.

Decision rationale: Ketoprofen cream is a non-steroidal anti-inflammatory (NSAIDs) medication formulated for topical use. The systemic form of this medication is indicated for treatment of mild to moderate pain. Topical NSAIDs have been effective in short-term use trials for chronic musculoskeletal pain but long-term use has not been adequately studied. In general, the use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use. Although most topical analgesics are recommended for treatment of neuropathic pain, topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis in joints amenable to its use, such as the shoulder, knee or elbow. Head-to-head studies of oral NSAIDs with topical NSAIDs suggest topical preparations should be considered comparable to oral NSAIDs and are associated with fewer serious adverse events, specifically gastrointestinal reactions. There is little evidence to support topical NSAID use in treating inflammatory conditions of the hip or spine. This patient does present with shoulder joint tendonitis so she may benefit from use of a topical NSAID. However, the MTUS does not recommend use of topical ketoprofen because it is not FDA approved for this use. Considering all the above information, the request for use of this formulation of ketoprofen is not medically necessary and has not been established.