

<b>Case Number:</b>	CM15-0175189		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New Jersey  
 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 injured worker is a 61-year-old male who sustained an industrial injury on May 7, 2013. Diagnoses have included chronic left shoulder pain, left shoulder glenoid labral tear, persistent left shoulder impingement, and he is status post left shoulder arthroscopic surgery on December 17, 2013. Documented treatment includes physical therapy in January 2014 and medication. The physician's note of July 9, 2015 notes that he has experienced unwanted side effects and that "oral medications have failed." He engaged in a "successful trial of topical medication," with a reported "4 point diminution in pain and improved range of motion." The injured worker continues to report anterior left shoulder pain with limited range of motion, especially when reaching. The June 3, 2015 progress note had noted abduct and forward flex to 90 degrees; external rotation 80 degrees; and, internal rotation 70 degrees, with positive impingement signs. Left shoulder pain has been rated as reaching 8 out of 10. The treating physician's plan of care includes a July 30, 2015 request for Ketoprofen 10 percent in base, 300 grams, with 3 refills, but this was denied August 11, 2015. Current work status is not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Ketoprofen 10% in base, 300 grams, apply 3 grams 3-4 times daily with 3 refills:**  
 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:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to 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 and hypertension. In the case of this worker, topical ketoprofen was prescribed to the worker. However, this medication is specifically not recommended to be used in chronic pain, and any NSAID should not be used chronically, as was the intention with this request. Therefore, the topical ketoprofen will be considered not medically necessary.