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| <b>Case Number:</b>   | CM15-0179992 |                              |            |
| <b>Date Assigned:</b> | 10/13/2015   | <b>Date of Injury:</b>       | 02/18/2011 |
| <b>Decision Date:</b> | 11/25/2015   | <b>UR Denial Date:</b>       | 08/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/14/2015 |

### 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 46 year old male who sustained an industrial injury February 18, 2011. Past history included status post surgery left elbow partial lateral epicondylectomy and fasciotomy July, 2012. Diagnoses are left rotator cuff tear; left and right lateral epicondylitis. According to a primary treating physician's progress report dated July 29, 2015, the injured worker presented with complaints of frequent moderate left shoulder pain radiating to the left hand with numbness and weakness, associated with repetitive twisting, movement, reaching, pushing, pulling and overhead reaching, occasional right elbow pain with weakness, and intermittent left elbow pain becoming stabbing moderate pain radiating to the left small finger with tingling and weakness. He reported loss of sleep due to pain. Objective findings included; right hand dominant; left shoulder- tenderness and muscle spasm of the lateral shoulder, supraspinatus press causes pain; right elbow- tenderness to palpation of the lateral elbow, medial elbow and olecranon process; left elbow- well healed surgical scar on the lateral aspect, tenderness to palpation cubital fossa, lateral elbow, epicondyle, medial and medial epicondyle, Tinel's causes tingling. At issue, is the request for authorization dated August 3, 2015, for KETO ointment 120gm. An MRI of the left shoulder dated March 9, 2015 (report present in the medical record) impression distal supraspinatus tendon tear with a 15mm distraction gap; the AC (acromioclavicular) joint, labral elements, biceps tendon are unremarkable; other rotator components, musculotendinous portions of subcapularis, infraspinatus, and teres minor, are unremarkable. (Orthopedic physician recommended surgery May 12, 2015; authorized and scheduled for September 10, 2015) According to utilization review dated August 14, 2015, the

request for KETO ointment 120gm is non-certified. The requests for FCMC ointment 120gm and Cyclobenzaprine 7.5mg #60 were conditionally non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**KETO ointment 120gm:** 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,  $\alpha$ -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.