

<b>Case Number:</b>	CM15-0025852		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: 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 51 year old male, who sustained an industrial injury on 3/18/2011. The current diagnoses are left shoulder labral tear, status post left shoulder surgery (12/16/2014), cervical sprain/strain, cervical radiculopathy, diabetes, and uncontrolled hypertension. According to the progress report dated 12/29/2014, the injured worker complains of neck pain with radiation to left shoulder and left upper extremity. The pain is rated 3/10 on a subjective pain scale. Without medications, he continues to have left neck and shoulder pain, up to 8/10. The current medication list was not available for review. Treatment to date has included medication management, MRI studies, physical therapy, ice, and surgical intervention. The plan of care includes Ketoprofen gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen Gel 20%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64; 68; 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** This patient receives treatment of chronic neck and shoulder pain. The patient had surgery of the shoulder and received physical therapy. This review addresses treatment with a topical gel containing ketoprofen. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy in managing chronic pain. In addition if a product contains at least one drug or drug class that is not recommended, then that product cannot be recommended. This gel contains ketoprofen, an NSAID. NSAIDs are not clinically recommended, when used in their topical form. Ketoprofen gel is not medically indicated.