

Case Number:	CM15-0066941		
Date Assigned:	04/14/2015	Date of Injury:	02/24/2011
Decision Date:	05/13/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/08/2015

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: Georgia

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 male, who sustained an industrial injury on February 24, 2011. The mechanism of injury is unknown. The injured worker was diagnosed as having exostosis site unspecified, pain in limb, enthesopathy ankle and tarsus and edema. Treatment to date has included activity and medications. On January 16, 2015, chief complaints were noted to be capsulitis, hammertoe with nerve entrapment and heel pain. Pain was reported in the bilateral fifth toe. He continues to have pain with walking and standing but it was noted to be improving. The treatment plan included orthotics and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10% cream 90gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Ketoprofen 10% cream 90 gram is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." Additionally, Per CA MTUS page 111 states that topical analgesics such as Ketoprofen are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)? Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. Ketoprofen is a topical NSAID. MTUS guidelines indicate this medication for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore, the compounded topical cream is not medically necessary.