

<b>Case Number:</b>	CM15-0074559		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 64 year old male patient who sustained an industrial injury on 03/08/2013. A primary treating office visit dated 10/20/2014 reported chief complaint of right neck, shoulder, right arm, lower back pain radiating to the left leg. The patient is status post L4-5 lumbar epidural steroid injection on 07/10/2014 with note of leg pain resolved, but still with left gluteal pain. He is also with complaint of right sided neck pain that radiates to the shoulder. The patient does exercise and stretch but the pain returns. His surgical history is to include: left shoulder rotator cuff repair 5 years ago and right knee arthroscopy times three. Diagnostic testing to include: magnetic resonance imaging, and electric nerve conduction study. He is diagnosed with: lumbar sprain/strain; cervical strain/sprain; spasm of muscle, and right shoulder tendinitis. The plan of care involved: recommending use of Spritx. A consulting visit dated 03/24/2015 reported the major complaints of pain in the neck, right shoulder, right arm that have continued over the past two years. Current medications are: Diclofenac, Ketoprofen, Flexeril, and Terocin patches. The impression noted with chronic neck and right shoulder pain. The plan of care recommended a repeat magnetic resonance imaging study, and consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen cream 20% 60 grams #2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Ketoprofen cream 20% 60 grams #2 is not medically necessary per the MTUS Guidelines. 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. The MTUS states that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documentation does not indicate intolerance to oral medications. The patient has neck, low back and shoulder pain for which topical NSAIDs are not indicated. There are no extenuating factors in the documentation submitted which would necessitate Ketoprofen cream which is not FDA approved. For all of these reasons the request for Ketoprofen cream is not medically necessary.