

Case Number:	CM15-0099655		
Date Assigned:	06/02/2015	Date of Injury:	09/18/2012
Decision Date:	09/01/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 50 year old male, who sustained an industrial injury on September 18, 2012. The injured worker reported tripping and falling backward causing immediate pain to the neck and the low back. The injured worker was diagnosed as having right wrist extensor tenosynovitis. Treatment and diagnostic studies to date has included magnetic resonance imaging of the right hand, magnetic resonance imaging of the right wrist, electromyogram, cortisone injection, x-ray of the right wrist and hand, and status post arthroscopy of the right shoulder. In a progress note dated April 22, 2015 the treating physician reports complaints of intermittent, throbbing pain at the thumb that radiates to the top of the hand. The treating physician also noted associated symptoms of numbness, weakness, and swelling. Examination reveals decreased strength with right wrist extension. The injured worker's medication regimen included Ultracet and Ketoprofen Cream. The injured worker's pain level was rated a 5 to 6 out of 10 on the pain scale but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's current medication regimen. The treating physician noted that the injured worker's medication regimen provides relief of his symptoms, but the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. The treating physician requested the medication CM3 - Ketoprofen Cream 20% noting current use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3 - Ketoprofen cream 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, CM3-ketoprofen 20% cream is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnosis is right wrist extensor tenosynovitis. The date of injury is September 18, 2012. Request for authorization is May 22, 2015. The documentation shows the treating provider requested with denials for ketoprofen 20% topical on January 11, 2013; November 24, 2014; September 30, 2014; October 1, 2014 and December 3, 2014. According to a May 22, 2015 progress note, the injured worker is being treated for a right TFCC injury with a pain score 7-8/10. Objectively, there is right mild tenderness to palpation over the extensor surface. The remainder of the physical examination with range of motion and muscle testing was normal. Ketoprofen is not FDA approved topical use. Any compounded product that contains at least one drug (ketoprofen 20%) that is not recommended is not recommended. Consequently, CM 3-ketoprofen 20% is not recommended. Based on clinical information and medical records and the peer-reviewed evidence-based guidelines, CM3-ketoprofen 20% cream is not medically necessary.