

Case Number:	CM15-0099863		
Date Assigned:	06/02/2015	Date of Injury:	08/01/2012
Decision Date:	07/03/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 53 year old male, who sustained an industrial injury on 8/01/2012. He reported a twisting injury to his right arm, in order to prevent a fall. The injured worker was diagnosed as having right hand arthrodesis, right thumb greater collateral ligament tear, rule out carpal tunnel syndrome, history of fracture of the right ulna, right wrist and right elbow at the age of 8 (healed), and possible chronic regional pain syndrome. Treatment to date has included diagnostics, chiropractic, counseling, right wrist fusion in 2013, and medications. Currently, the injured worker complains of right wrist pain, rated 7/10 and sometimes 10/10, with numbness and tingling in the pinky finger and hypersensitivity along the hardware. He also dislocated his thumb, noting little mobility and dexterity in the hand. He reported difficulty sleeping, depression, thoughts of hurting himself or others, withdrawal from friends and family, problems with concentration and memory, and pain in all areas of his body related to separate injuries. Current medications included Prozac, Norco, Duloxetine, and blood pressure medication. He was prescribed Neurontin. Urine drug screen (1/28/2015) was inconsistent with prescribed medications. The progress report, dated 1/28/2015 noted that he was given Ketoprofen cream, to decrease oral medication burden. The treatment plan included Ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% 120gm: 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: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing medication in the non-steroidal anti-inflammatory (NSAID) class. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. These records did not include a discussion detailing special circumstances that would support the use of this compound product in this setting. In the absence of such evidence, the current request for 120g of a compound containing ketoprofen 20% is not medically necessary.

Ketoprofen 20% 30gm: 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: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing medication in the non-steroidal anti-inflammatory (NSAID) class. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. These records did not include a discussion detailing special circumstances that would support the use of this compound product in this setting. In the absence of such evidence, the current request for 30g of a compound containing ketoprofen 20% is not medically necessary.