

<b>Case Number:</b>	CM14-0147081		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 64 year-old male was reportedly injured on March 19, 2012. The most recent progress note, dated August 4, 2014, indicates that there were ongoing complaints of shoulder and upper extremity pain. The physical examination demonstrated an alert, oriented individual with no signs of sedation. A normal gait pattern is reported. There is tenderness to palpation over the forearm, and tenderness involving the left wrist. A positive impingement in the right shoulder is reported. Diagnostic imaging studies were not reported in his progress note. Previous treatment includes multiple medications, physical therapy, topical preparations and other pain management interventions. A request had been made for topical compound cream and was not certified in the pre-authorization process on August 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Ketoprofen Cream 20%:** 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 Page(s): 111-112 of 127..

**Decision rationale:** MTUS guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration or for whom oral administration is contraindicated. The record provides documentation that the claimant is not taking an oral anti-inflammatory. When noting the claimant's diagnosis of epicondylitis, and no documentation of intolerance or contraindication to first-line therapies, and there is no data presented to suggest there is any efficacy or utility whatsoever with this application; there is no clinical indication for the use of this medication for the diagnoses noted. Therefore, this request is not medically necessary.