

Case Number:	CM13-0024638		
Date Assigned:	11/20/2013	Date of Injury:	04/20/2009
Decision Date:	01/21/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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 patient is a 73-year-old male who reported an injury on 04/20/2009. The patient is noted to have been seen on 08/12/2013 and to complain of his knees, stating they were worse and he was not able to walk as much. His right knee was reported to be worse than his left knee. He is noted to have an antalgic gait and to have been diagnosed with osteoarthritis of the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient is a 73-year-old male who was reported to have been injured on 04/20/2009. The patient is noted to have been diagnosed with severe osteoarthritis of the bilateral knees, right worse than left. He has been prescribed ketoprofen topically. The California MTUS Guidelines state that there is little or no research to support the use of many of these agents and any product that contains at least 1 drug or drug class that is not recommended is not recommended. They state that topical nonsteroidal anti-inflammatory agents are

recommended for treatment of chronic musculoskeletal pain such as osteoarthritis and tendonitis, particularly of the knee and elbow or other joints that are amenable to topical treatment, but they recommend only short-term use for 4 to 12 weeks and note that ketoprofen has not been approved by the FDA for topical application as there is a very high incidence of photo contact dermatitis. As the patient is noted to have been utilizing the ketoprofen on a long-term ongoing basis, and the ketoprofen is not recommended by the FDA for topical application, the requested ketoprofen 20% 180 g is non-certified.