

Case Number:	CM13-0026930		
Date Assigned:	09/08/2014	Date of Injury:	01/08/2002
Decision Date:	10/14/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/20/2013

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 female was reportedly injured on January 8, 2002. The most recent progress note, dated August 26, 2013, indicated that there were ongoing complaints of low back pain radiating to the lower extremities with numbness and right knee instability. The physical examination demonstrated range of motion from 0 to 120 of both knees. Diagnostic imaging studies showed good placement of the knee prosthesis. Previous treatment included a bilateral knee arthroplasty and lumbar fusion as well as use of a right knee brace and oral medications. A request had been made for compounded topical ketoprofen/lidocaine/versapro and was not certified in the pre-authorization process on August 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Ketoprofen/Lidocaine/Versapro, Day Supply: 30 Qty: 120 Refills: 00 Rx Dated: 7/31/13: 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 Page(s): 56-57,112.

Decision rationale: The California 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 no documentation that the injured employee has a history of inability to take oral anti-inflammatory medications. Additionally, there is no documentation of any neuropathic findings on physical examination. Therefore, this request for topical ketoprofen/lidocaine/versapro is not medically necessary.