

Case Number:	CM13-0030535		
Date Assigned:	11/27/2013	Date of Injury:	12/01/1989
Decision Date:	01/22/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine and Rehabilitation, 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:

A prior physician review states that the California Medical Treatment Utilization Schedule is silent with regard to this medication and that Official Disability Guidelines does not support this treatment as medically necessary. An appeal letter by the physician regarding topical ketoprofen states that the physician would prescribe naproxen instead. However, the physician indicates a request for an appeal for regarding topical ketoprofen noting that this topical cream was ordered to avoid gastrointestinal complications associated with prolonged medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream right knee, two (002) times a day (BID) to decrease pain and inflammation and to increase gastrointestinal (GI) side effects: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Ketoprofen Page(s): 112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Topical Ketoprofen, page 112, states, "Non FDA-approved agent: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact

dermatitis." The treating physician indicates a desire to avoid oral medications. It may be appropriate for the physician to consider a topical agent which has specifically been approved for topical use. The guidelines do not support an indication for this medication, and FDA guidelines specifically caution against its use topically. This request is not medically necessary.