

Case Number:	CM13-0037157		
Date Assigned:	12/13/2013	Date of Injury:	10/11/2012
Decision Date:	02/14/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/23/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in New York and Texas. 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 72-year-old female who reported an injury on 10/11/2012. The mechanism of injury was not provided. The patient was noted to have minimal flexion and pain diffusely in the knee. The patient's diagnoses were noted to include right knee degenerative arthrosis with osteochondral defects of the patella and medial femoral condyle and a possible medial meniscus tear. The request was made for a transdermal anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prescription of Ketoprofen gel 20% #120 gm: 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.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety...any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of ketoprofen: this agent is not currently FDA approved for a topical application. The clinical documentation submitted for review indicated that the patient

had minimal knee flexion and had pain. Additionally it was noted that patient had a kidney transplant. However, the clinical documentation submitted for review failed to document the rationale to warrant nonadherence to guideline recommendations and to warrant nonadherence to FDA guidelines. Given the above, the request for a prescription of ketoprofen gel 20% #120 gm is not medically necessary.