

Case Number:	CM13-0054765		
Date Assigned:	12/30/2013	Date of Injury:	12/18/2000
Decision Date:	03/14/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/13/2013

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:

This is a 64-year old female with a date of injury of 12/18/00. She has a history of diagnoses of degenerative joint disease, meniscus tear, internal knee derangement, and chemical hepatitis. Her liver function tests remain high and she is seeing a hepatologist. She has only 20% liver function, and the hepatologist is documented to have given instruction of no oral medications at all. The patient reports reduced pain while on Ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 4% with four refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Guidelines support topical NSAIDs early in the care of osteoarthritis, and they are recommended for short-term use of 4-12 weeks. Ketoprofen is not FDA approved for topical application due to an extremely high incidence of photocontact dermatitis. This topical is reportedly ordered due to liver issues secondary to hepatitis, where the patient is unable to take any oral meds. It should be noted that guidelines state that topical treatment can result in blood

concentrations and systemic effects comparable to those with oral forms, and caution should be used for patients at risk. For these reasons, medical necessity is not established for topical Ketoprofen. The request is noncertified.