

Case Number:	CM13-0065631		
Date Assigned:	01/03/2014	Date of Injury:	12/13/2004
Decision Date:	04/18/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/13/2013

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 & Rehabilitation and is licensed to practice in 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 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 patient is a 56-year-old male who reported an injury on 12/13/2004. The mechanism of injury was not provided in the medical records. The patient's symptoms include lumbar sprain/strain, lumbago, chronic pain syndrome, internal derangement of the knees bilaterally, status post bilateral total knee replacements, chronic pain-related insomnia, and chronic pain-related weight gain and obesity. His symptoms are noted to include low back pain and left leg pain. It was noted that he had increased pain with colder weather and had been managing it with his medications and his topical analgesics. He rated his pain as 5/10 and indicated that without medications his pain score is 8/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of topical compound Ketoprofen Mild 0.0375%/5%/20% #240gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines (May 2009) Topical NSAIDs.

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

Decision rationale: According to the California MTUS Guidelines topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. The guidelines further state that topical compounds that contain at least 1 drug that is not recommended are not recommended. In regard to topical Ketoprofen, the guidelines indicate that the only FDA-approved formulation of topical NSAIDs currently is topical diclofenac. It further states that Ketoprofen is not recommended for topical use and is not FDA-approved as it has an extremely high instance of photo contact dermatitis. Additionally, the guidelines indicate that topical baclofen is not recommended as there is no peer-reviewed literature to support the topical use. In regard to topical capsaicin, the guidelines indicate that it is recommended only as an option in patients who have not responded or were intolerant to other treatments. Furthermore, the guidelines state that there have been no studies of 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. As the requested topical compound is noted to include Ketoprofen, capsaicin 0.0375%, and topical baclofen, and these 3 topical agents are not recommended by the California MTUS Guidelines, the requested topical compound is non-certified.