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| <b>Case Number:</b>   | CM14-0102892 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 04/06/2010 |
| <b>Decision Date:</b> | 09/09/2014   | <b>UR Denial Date:</b>       | 06/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/03/2014 |

### 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 injured worker is a 53 year-old female who was reportedly injured on April 6, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 19, 2014, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated a 5'1", 315 pound individual who was hypertensive (141/111). An antalgic gait pattern is noted, a cane is required. There surgical scars about the left knee with joint effusion. A decrease in left knee range of motion is noted. Motor function is described as 4+/5. A decrease in sensation is also noted. Diagnostic imaging studies noted a tear of the medial meniscus and chondromalacia of the patella. Previous treatment includes medications, H wave, acupuncture and other pain management interventions. A request was made for topical preparations and was not certified in the pre-authorization process on June 25, 2014. Noted comorbidities include morbid obesity, kidney failure and hypertension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen/Capsaicin/Menthol Compound:** 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): 111-113.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product that contains at least one drug (or drug class, i.e. Ketoprofen) that is not recommended, is not recommended". There is little support in the literature for transdermal non-steroidal interventions. As such, this request for Ketoprofen/Capsaicin/Menthol Compound is not medically necessary and appropriate.