

Case Number:	CM14-0105038		
Date Assigned:	07/30/2014	Date of Injury:	01/01/2010
Decision Date:	10/07/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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 General Surgery, has a subspecialty in Surgical Critical Care 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 injured worker is a 59 year old female who was reportedly injured on 01/12/2010. The mechanism of injury is listed as the injured worker working the grill as a cook and slipped on some water and fell injuring the left knee. Diagnoses are listed as osteoarthritis, status post total knee arthroplasty 2010 and 2013, Complex Regional Pain Syndrome and Chronic Pain Syndrome. A progress report dated 04/03/2014 noted the injured worker having pain at 6/10 while taking 2-4 hydromorphone daily. A progress note dated 06/19/2014 notes the injured worker as requesting to be off pain medication and wants to use non-pharmaceutical modalities for pain relief of the left knee. The injured worker states the ketoprofen with 5% lidocaine worked well for the pain. Examination showed mild swelling of the left knee with slight shininess of the skin and hypersensitivity to light touch in the anterior knee and leg region on the left side. Tenderness noted over the right greater trochanteric bursal region. A request was made for ketoprofen with lidocaine cream 120 gram was not certified on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Ketoprofen w/5% lidocaine cream 120g: 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): 111-112 of 127.

Decision rationale: Both CAMTUS and ODG hold that ketoprofen is not FDA approved for topical use. Furthermore there is significant incidence of photosensitivity with topical application of ketoprofen. CAMTUS/ODG further hold that compounding medications that are not recommended is not recommended. There are preparations of Lidocaine and diclofenac for topical use available without compounding. Therefore the request remains not medically necessary.