

Case Number:	CM14-0017301		
Date Assigned:	04/14/2014	Date of Injury:	07/30/2007
Decision Date:	05/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/11/2014

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, has a subspecialty in Pain Management and is licensed to practice in Oklahoma 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 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 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 male who reported injury on 07/30/2007. The documentation revealed the injured worker had been utilizing topical Ketoprofen since 03/2013. The documentation of 10/09/2013 revealed the injured worker used braces, and took Zanaflex, Tylenol #3 and Ketorub. Additionally, it was indicated the injured worker was taking Pristiq and Neurontin. The diagnoses were bilateral knee osteoarthritis with a question of a right knee medial meniscus tear. The treatment plan included continued use of ThermaCare, knee braces, Zanaflex, Tylenol #3, Ketorub, Pristiq and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 100% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Topical Analgesics, Page(s): 111, 11.

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

Decision rationale: The Expert Reviewer's decision rationale: California MTUS indicates Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is not currently FDA approved for a topical application. The clinical documentation submitted for review failed to include documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation indicating the injured worker had neuropathic pain and that trials of antidepressants and anticonvulsants had failed. The injured worker was taking Neurontin at the time of the prescribed Ketoprofen. The documentation indicated the injured worker had been utilizing the medication for 4 months. There was a lack of documented objective functional benefit that was received. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ketoprofen 100% #1 is not medically necessary or appropriate.