

Case Number:	CM14-0124147		
Date Assigned:	08/11/2014	Date of Injury:	08/01/2003
Decision Date:	10/03/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/06/2014

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 Occupational Medicine, 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 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 72-year-old male who has submitted a claim for primary localized osteoarthritis of the lower leg associated with an industrial injury date of August 1, 2003. Medical records from 2013 to 2014 were reviewed. The patient complained of mild left knee pain. He is status post partial arthroscopic medial and lateral meniscectomy, patellar chondroplasty, and limited anterior synovectomy of the left knee on May 23, 2014. Physical examination showed tenderness over the medial and lateral joint lines. Postoperative diagnoses were left knee medial and lateral meniscus tear, grade 4 medial compartment arthritis, grade 3 articular surface changes of the patella, moderate anterior synovitis and partial anterior cruciate ligament tear. Treatment to date has included oral and topical analgesics, physical therapy, home exercises, OrthoStim unit, TENS, and left knee arthroscopy. Utilization review from July 18, 2014 denied the request for ketoprofen 15%/lidocaine 5% cream 120 gm because lidocaine is recommended only for use in the form of a dermal patch. Any topical product of combined contents where one of the contents is not appropriate per guidelines is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: Ketoprofen 15% Lidocaine 5% Cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, 2009, Pain - Topical analgesics Lidocaine; Topical and Co.

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

Decision rationale: As stated on pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is not currently FDA-approved for topical application. It has an extremely high incidence of photocontact dermatitis. Regarding lidocaine, topical formulations (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. The guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, both the components of the requested compounded medication are not supported for use by the guideline. Any compounded product that contains at least one drug that is not recommended is not recommended. Furthermore, the document does not show failure of first-line medications or intolerance to oral pain medications that warrant use of topical preparations. The medical necessity was not established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Compound Medication: Ketoprofen 15% Lidocaine 5% Cream 120gm is not medically necessary.