

Case Number:	CM14-0159573		
Date Assigned:	10/03/2014	Date of Injury:	02/22/2014
Decision Date:	11/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/29/2014

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 injured worker is a represented employee who has filed a claim for knee pain reportedly associated with an industrial injury of February 12, 2014. Thus far, the injured worker has been treated with the following: Analgesic medications; earlier knee patellar tendon reconstruction surgery; a shoulder corticosteroid injection; a knee brace; unspecified amounts of physical therapy; and topical medications. In a Utilization Review Report dated September 9, 2014, the claims administrator retrospectively denied a request for a ketoprofen containing topical compounded cream. The injured worker's attorney subsequently appealed. In a progress note dated September 3, 2014, the injured worker reported ongoing complaints of shoulder and knee pain. The injured worker was given prescriptions for oral Norco and a topical compounded ketoprofen cream. An MRI imaging of the shoulder and knee were both sought. The injured worker's work status was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro ketoprofen cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Ketoprofen Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the article at issue, is not recommended for topical compound formulation purposes. It is further noted that the injured worker's ongoing usage of Norco, a first-line oral pharmaceutical, effectively obviates the need for the ketoprofen containing cream at issue. Therefore, the request is not medically necessary.