

Case Number:	CM14-0029885		
Date Assigned:	06/20/2014	Date of Injury:	04/24/2008
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology and is licensed to practice in Florida. 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 66 year old male who reported an injury on 04/24/2008 from an unknown mechanism of injury. The injured worker had a history of bilateral knee pain and swelling. Upon examination on 06/10/2014, the injured worker stated that without medications or other treatments the pain is moderate. The medications are very effective. The injured worker stated pain improved by 50% or more and range of motion/daily activities improved as well. Upon examination on 11/12/2013 the injured worker had a flare-up of both knees which included swelling. The injured worker had increased home exercises with weights, increased quad strength, was well motivated, the creams were very effective, and good medication control. The injured worker had diagnoses of tear medial meniscus bilateral knees and chondromalacia of patella right knee. The injured worker's diagnostic studies, surgeries and procedure included right knee surgery 10/14/2009, left knee surgery 07/14/2008. The injured workers treatments were oral medications, exercise, stretching, and normal activities. The medications were Ibuprofen 800 mg and Hydrocodone Bit/Acet 7.5/325 mg. The treatment plan was for Retrospective request for pharmacy purchase of date of service (DOS) 05/14/12, 07/04/12, 09/26/12, and 12/19/12 Ketoprofen 25%/Menthol 5%/Camphor 1%/Capsaicin 0.025 180gm Compound Cream. The request for authorization form and rationale were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for pharmacy purchase of date of service (DOS) 05/14/12, 07/04/12, 09/26/12, and 12/19/12 Ketoprofen 25%/Menthol 5%/Camphor 1%/Capsaicin 0.025 180gm Compound Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicines.

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

Decision rationale: The injured worker is a 66 year old male who reported an injury on 04/24/2008 from an unknown mechanism of injury. The injured worker had a history of bilateral knee pain and swelling. Upon examination on 06/10/2014, the injured worker stated that without medications or other treatments the pain is moderate. The medications are very effective. The injured worker stated pain improved by 50% or more and range of motion/daily activities improved as well. Upon examination on 11/12/2013 the injured worker had a flare-up of both knees with swelling. The injured worker ad increased home exercises with weights, increased quad strength, well motivated, the creams were very effective and good medication control. The injured worker had diagnoses of tear medial meniscus bilateral knees and chondromalacia of patella right knee. The injured worker's diagnostic studies, surgeries and procedure included right knee surgery 10/14/2009, left knee surgery 07/14/2008. The injured workers treatments were oral medications, exercise, stretching, and normal activities. The medications were Ibuprofen 800 mg and Hydrocodone Bit/Acet 7.5/325 mg. The treatment plan was for Retrospective request for pharmacy purchase of date of service (DOS) 05/14/12, 07/04/12, 09/26/12, and 12/19/12 Ketoprofen 25%/Menthol 5%/Camphor 1%/Capsaicin 0.025 180gm Compound Cream. The request for authorization form and rationale were not provided within the documentation submitted for review.