

Case Number:	CM14-0034161		
Date Assigned:	06/20/2014	Date of Injury:	02/02/2013
Decision Date:	07/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/19/2014

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 and is licensed to practice in Illinois. 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 51-year-old male who reported an injury on 02/02/2013. The mechanism of injury was noted to be a fall. The injured worker's prior treatments were chiropractic care, acupuncture, and medications. The injured worker's diagnoses were noted to be left ankle tenosynovitis and left knee medial meniscal tear. The injured worker had a clinical evaluation on 02/25/2014. The evaluation noted the injured worker's complaints of low back pain, right hand pain, left ankle and left knee pain. The treatment plan included acupuncture, an EMG of the bilateral lower extremities to rule out radiculopathy, an orthopedic consult, drug screening, and topical FCMC/keto cream for daily pain relief. The provider's rationale for the requested medication was for pain relief documented in the physical examination on 02/25/2014. A Request for Authorization for medical treatment was not included 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:

FCMC/Keto cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for FCMC/Keto cream is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent, and how it will be useful for the specific therapeutic goal required. Ketoprofen is not currently FDA-approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. The clinical evaluation does not adequately state that the injured worker's pain is neuropathic in nature. The evaluation does not indicate that the injured worker has failed therapies of antidepressants and anticonvulsants. The requested cream does not have ingredients provided within the request to clearly identify which specific agents FCMC/Keto cream includes. Ketoprofen is not FDA-approved for topical application. The provider's request fails to indicate a quantity, a dose, and a frequency. Based on the above, the request for FCMC/keto cream is not medically necessary.