

Case Number:	CM14-0038237		
Date Assigned:	06/25/2014	Date of Injury:	10/25/2013
Decision Date:	08/21/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 57-year-old male who was reportedly injured on 10/25/2013 while transitioning from one roof top to another and lost balance causing the left knee to twist and fell on the right hand and elbow. The current medications are Prilosec, simvastatin and another unknown cholesterol medication. Right elbow and left knee x-ray was negative. Left knee magnetic resonance image impression was medial meniscal tear, medial collateral ligament sprain, bone contusion medial femoral condyle and medial compartment chondromalacia. The most recent progress note dated 03/05/2014, the injured worker reported constant sharp, burning pain in the left knee rating 6-8/10 on the visual analog scale with increased pain while sitting, standing, walking, bending, squatting, stooping, kneeling, pushing, pulling, lifting and carrying. The injured worker complains of anxiety and depression due to the pain and stress and has gained 5-10 pounds of weight. He has been diagnosed with right elbow strain/sprain, medial epicondylitis, rule out cubital tunnel syndrome. Treatments include non-steroidal anti-inflammatory medications (NSAIDs) and physical therapy. A request was made for Ketoprofen 100% PA #120 and was not certified on 03/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 100% PA #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Benzodiazepines) Page(s): 111-113.

Decision rationale: According to the CA MTUS Guidelines, Topical Analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents, as they are largely experimental. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The CA MTUS/ODG states that the only non-steroidal anti-inflammatory drug (NSAID) that is Food and Drug Administration (FDA) approved for topical application is diclofenac (Voltaren 1% Gel). Therefore, the medical necessity of the requested medication is not established based on the guidelines.