

Case Number:	CM14-0081121		
Date Assigned:	07/18/2014	Date of Injury:	04/28/2004
Decision Date:	08/25/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 53 year old male with date of injury 4/28/2004. The mechanism of injury is stated as hurting his left arm while carrying and stacking heavy materials. The patient has complained of left arm pain and bilateral knee pain since the date of injury. He has been treated with a right total knee joint replacement, physical therapy and medications. There are no radiographic data included for review. Objective: left shoulder and left arm/forearm tenderness to palpation, bilateral knee joint line tenderness, left knee positive McMurray's and Lachman's signs. Diagnoses: left arm pain, left knee osteoarthritis, status post total knee joint replacement on the right. Treatment plan and request: Ketoprofen cream, Cyclophene cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% 120gm: Upheld

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

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

Decision rationale: This 53 year old male has complained of left arm pain and bilateral knee pain since date of injury 4/28/04. He has been treated with a right knee total joint replacement,

physical therapy and medications. The current request is for Ketoprofen cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Ketoprofen cream is not indicated as medically necessary.

Cyclophene 5% 120gm: Upheld

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

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

Decision rationale: This 53 year old male has complained of left arm pain and bilateral knee pain since date of injury 4/28/04. He has been treated with a right knee total joint replacement, physical therapy and medications. The current request is for Cyclophene cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Cyclophene cream is not indicated as medically necessary.