

Case Number:	CM14-0000353		
Date Assigned:	01/10/2014	Date of Injury:	11/04/2009
Decision Date:	02/11/2015	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine Rehab 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 patient is a 50 year old male with date of injury 11/04/09. The treating physician report dated 11/26/13 (83) indicates that the patient presents with neck, low back and left knee pain. The pain scales are 5/10,4/10, and 3/10 respectively. Patient was not currently in therapy or working at time of the report. Patient is prescribed Prozac, Tramadol, Prilosec, Xanax and a topical cream of Ketoprofen, Gabapentin, and Tramadol. The physical examination findings reveal, patient walks with stiffened and slowness in his gait. Knee examination reveal in both the medial and lateral joint lines of the Left Knee, Grade 1+ when normal is 0. MRI findings, dated 09/27/13 reveal degenerative disc disease of multiple levels in the cervical and lumbar spine. The current diagnoses are:1.Cervical degenerative disc disease per MRI dated 11/09/102.Lumbar degenerative disc disease of the degenerative joints at L4-5 and L5-S1 per MRI dated 11/09/103.Left knee chondromalacia of the patella4.Left knee osteoarthritis with chondromalacia of the patella5.Obesity6.Insomnia, daytime and nighttime7.Anxiety and DepressionThe utilization review report dated 12/17/13 denied the request for Topical Creams of Ketoprofen based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical creams of Ketoprofen: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with left knee, low back and neck pain. The current request is for Topical Creams of Ketoprofen. In the report dated 11/26/13, the treating physician does not indicate which body part the current request would be used for. The MTUS guidelines state, "Recommended as an option as indicated below. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application." In this case the current request contains a component that is not recommended by the MTUS guidelines. The request is not medically necessary and appropriate.