

Case Number:	CM14-0105766		
Date Assigned:	07/30/2014	Date of Injury:	01/12/2012
Decision Date:	04/09/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male patient, who sustained an industrial injury on 01/12/2012. A primary treating office visit dated 04/08/2014 reported subjective complaint of continued experiencing unchanged pain in the neck, left shoulder and bilateral knees. The neck pain radiates to the left upper extremity and down to the 4th and 5th fingers with parasthesias. Objective findings showed cervical spine pain at end ranges; thoracic spine myospasm; left shoulder pain at end ranges. There was tenderness to palpation of the trapezius extending to the parascapular region. There is also bilateral knee tenderness to palpation to the joint lines and a positive Apley's test. The following diagnoses are applied; right knee medial meniscus tear; left knee lateral meniscus tear; left shoulder strain/sprain and cervical disc. A request was made for a compound medication Keto cream 120MG. On 06/06/2014, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Topical Analgesics was cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto cream 120 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topical Analgesics.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

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

Decision rationale: The patient has ongoing complaints of neck and upper back pain, bilateral shoulder pain and bilateral knee pain. The current request is for Keto Cream 120mg. Ketoprofen is a group of non-steroidal anti-inflammatory drugs. MTUS specifically states Ketoprofen is not FDA approved for topical applications. It has an extremely high incidence of photo contact dermatitis. As such, recommendation is for denial.