

<b>Case Number:</b>	CM14-0173111		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/03/2005
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old male who sustained an industrial related injury on 3/3/05. The medical records provided were dated in 2005. The utilization review (UR) physician noted the diagnoses included bilateral shoulder sprain/strain, bilateral shoulder internal derangement, and status post bilateral knee arthroscopy with residual symptoms. Treatment included physical therapy. The injured worker had complaints of bilateral shoulder pain and stiffness as well as bilateral knee pain. The treating physician requested authorization for Flurbiprofen 120mg, Ketoprofen 120mg, and Cortisone injections for bilateral knees. On 9/23/14 the requests were non-certified. Regarding Flurbiprofen and Ketoprofen, the UR physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the guidelines state than any compounded product that contains at least one drug that is not recommended is not recommended. Therefore the requests were non-certified. Regarding Cortisone injections, the UR physician cited the MTUS guidelines and noted corticosteroid injections are recommended for symptomatic severe osteoarthritis of the knee. The Medical records do not establish evidence of severe osteoarthritis. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection to bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 48,339,346.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic) Corticosteroid injections

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic knee and shoulder pain. Treatments have included knee arthroscopy. Criteria for an intra articular knee corticosteroid injection included symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. The documentation submitted for review does not establish a diagnosis of severe osteoarthritis and therefore medical necessity has not been established.

**Flurbiprofen 120mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-13.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic knee and shoulder pain. Treatments have included knee arthroscopy. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence of a trial of topical diclofenac and therefore the requested topical medication is not medically necessary.

**Ketoprofen 120mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic knee and shoulder pain. Treatments have included knee arthroscopy. Compounded topical preparations of ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence of a trial of topical diclofenac and therefore the requested topical medication is not medically necessary.