

Case Number:	CM14-0176518		
Date Assigned:	12/12/2014	Date of Injury:	12/01/1997
Decision Date:	01/15/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/24/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of December 1, 1997. In a Utilization Review Report dated November 13, 2014, the claims administrator denied a Ketoprofen - containing topical compound, conditionally denied hydrocortisone, and conditionally denied Norvasc. The claims administrator stated that its decisions were based on an April 23, 2014 office visit. The applicant's attorney subsequently appealed. In a December 20, 2013 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported persistent complaints of ankle pain with associated stiffness and giving way, exacerbated by cold weather. The applicant was asked to continue pool therapy. A 10-pound lifting limitation was endorsed. The applicant was no longer working, having taken retirement, it was acknowledged. On September 3, 2013, the applicant was given a Ketoprofen -containing topical compound for ongoing issues with ankle pain and ankle arthritis. Large portions of the progress notes were handwritten and difficult to follow. The applicant was also described as using the Ketoprofen - containing topical compound on progress notes of January 30, 2014, October 21, 2013, and December 20, 2013, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 5/17/14; 6/9/14; 7/8/14 Ketoprofen 20%, 360gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen, the primary ingredient in the compound in question, is not recommended for topical compound use purposes, resulting in the entire compounds carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider did not furthermore, clearly outline why the applicant could not use first-line oral pharmaceuticals as opposed to what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds, such as the Ketoprofen -containing agent at issue. Therefore, the request was not medically necessary.