

Case Number:	CM14-0194706		
Date Assigned:	12/02/2014	Date of Injury:	10/22/2013
Decision Date:	01/16/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/20/2014

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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 40 year old patient with date of injury of 10/22/2013. Medical records indicate the patient is undergoing treatment for hip sprain/strain, right knee meniscus tear, right knee arthralgia and right knee synovitis. Subjective complaints include intermittent right lower extremity pain starting at the knee and radiating up to the hip; knee has a tight sensation. Objective findings include right hip positive provocative sign, tight hamstrings and piriformis stretch, opposite FABER to 10, tenderness to ischial tuberosity/hamstring insertion with decreased sensation to LT nerve distribution with prolonged sitting; antalgic gait; limed heel rise, toe rise and squat; right knee tenderness to palpation, positive apprehension test, . MRI right knee dated 04/01/2014 was negative. Three view right hip/pelvis x-ray showed increased alpha angle to 75 degrees with cystic changes head-neck junction, increased LCE angle to 50 degrees, moderate impingement signs. MR arthrogram of right hip from 07/09/2014 showed small ligamentous tears, otherwise normal MR arthrogram of the right hip. Treatment has consisted of physical therapy, acupuncture, Norco, Neurontin, Ketoprofen cream, Lidoderm patches. The utilization review determination was rendered on 10/21/2014 recommending non-certification of Retrospective review for Ketoprofen powder, pCCA lip base, compounding fee 120 gm. Dispensed 9/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Ketoprofen powder, pCCA lip base, compounding fee 120 gm dispensed 9/16/14: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis and photosensitization reactions." As such, the request for Retrospective review for Ketoprofen powder, pCCA lip base, compounding fee 120 gm dispensed 9/16/14 is not medically necessary.