MAXIMUS Federal Services

Case Number:	CM14-0195158		
Date Assigned:	12/02/2014	Date of Injury:	05/25/2006
Decision Date:	01/20/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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 knee pain and knee arthritis reportedly associated with an industrial injury of May 25, 2006. In a Utilization Review Report dated October 22, 2014, the claims administrator retrospectively denied ketoprofen containing topical compound dispensed on September 15, 2014. The applicant's attorney subsequently appealed. In a November 11, 2014 progress note, the applicant reported ongoing complaints of knee pain status post earlier knee arthroscopy on May 23, 2014. The applicant was using Flexeril and tramadol nightly for ongoing complaints of knee pain. The applicant was given a primary diagnosis of patellofemoral knee osteoarthrosis. The applicant was returned to regular duty work, as stated at the bottom of the report. On October 13, 2014, the applicant was again described as using Flexeril, tramadol, and Norco for pain relief. The applicant was again returned to regular duty work. MRI imaging of the knee and further left knee surgery were sought. On December 15, 2014, the applicant was again described as employing Flexeril, tramadol, and Norco for ongoing complaints of knee pain. There was no explicit mention made that the topical compounded agent at issue was being dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto/Lipoderm base DISP 150gm that was provided on 09/15/2014: 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): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of multiple first line oral pharmaceuticals, including Flexeril, tramadol, Norco, etc., effectively obviate the need for the topical compounded agent at issue. Therefore, the request was not medically necessary.