

Case Number:	CM14-0206705		
Date Assigned:	12/18/2014	Date of Injury:	07/09/2010
Decision Date:	02/26/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/10/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

Sixty-four-year-old injured worker with [REDACTED] who sustained an injury on July 9, 2010. The mechanism of injury is noted as a slip and fall. Previous progress notes indicated less pain on the medial aspect the right knee with radiation to the posterior aspect of the lower extremity. The diagnosis was included a plantar fascia fibromatosis, osteoarthritis, anxiety disorder and internal arrangement of the knee. Previous treatment has included an H wave device, multiple medications, physical therapy, right knee arthroscopy (January 2011) and intra-articular steroid injections. Psychiatric treatment for depression was ongoing and treated with medication. The October 15, 2014 progress note indicated that glucosamine was started for the osteoarthritis of the bilateral knees. The psychiatric treatment was ongoing. The most recent progress not present for review is dated December 17, 2014. It was noted the topical patches are "helpful and decreases pain." The physical examination of some tenderness to palpation on the medial right knee joint line, flexion was 130 with full extension. No superficial abrasion is noted. Motor function is 5/5 and deep tendon reflexes are symmetric and equal bilaterally. There is no sensory loss identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream 20 percent: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 56 and 112.

Decision rationale: As noted on page 112 of the MTUS, a topical nonsteroidal product as ketoprofen has not been approved by the FDA. There is a fairly high incidence of a contact dermatitis. Furthermore, it is noted that after the first two weeks of treatment Rossi arthritis, there is a significant diminishing effect (Lin, 2004) (Bjordal, 2007) (Mason, 2004). The efficacy relative to the osteoarthritis is no more than 12 weeks. As such, it is noted that this topical preparation is recommended for no more than 12 weeks. Therefore, when considering the amount of time of this medication had been employed tempered by the relative lack of any noted efficacy or utility in terms of increased functionality there is no clinical indication to continue this medication.

Lidocaine patches 12hrs on and 12hrs off: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 56 and 112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines (p 112) states "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The diagnosis is noted as a fibromatosis and it osteoarthritis neither of which are neuropathic rather deceptive pain generators. Additionally, the progress notes failed to document any significant improvement with the use of this medication. Therefore, this is not clinically indicated based on the clinical records presented for review.