

Case Number:	CM15-0000034		
Date Assigned:	01/09/2015	Date of Injury:	07/15/2009
Decision Date:	03/06/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/31/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 56 year old male, who sustained an industrial injury on July 15, 2009. He has reported bilateral knee pain with radiation down the right leg to the foot. The diagnoses have included osteoarthritis of both knees, internal derangement of bilateral knees, and bilateral knee pain. Treatment to date has included an arthroscopic partial posterior horn meniscectomy, chondroplasty, extensive synovectomy and resection of a medial plica on March 4, 2010 and subsequent manipulation of the knee. On Sept 9, 2010, the injured worker underwent an arthroscopic partial medial meniscectomy, lateral retinacular release, extensive tricompartmental debridement and medial retinacular release on the left knee. Additional treatments included left total knee replacement 2012, revision of left total knee replacement 2013, several courses of physical therapy, diagnostic studies, activity modifications, home exercise instruction, walks with a cane, and short-acting and long-acting, and topical non-steroidal anti-inflammatory medications. Currently, the IW complains of bilateral knee pain with clinking noise being made. He is not a surgical candidate. On December 16, 2014 Utilization Review non-certified a prescription for Ketoprofen Cream 20 per cent 120mg #2, noting that Ketoprofen is not supported as a topical analgesic by the (Food and Drug Administration). The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for Topical Analgesics were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Cream 20 Percent 120 MG #2: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Ketoprofen cream is recommended as topical analgesics for chronic pain. Ketoprofen cream, a topical analgesic is not recommended by MTUS guidelines. Furthermore, Ketoprofen was reported to have frequent photocontact dermatitis. There is no documentation that the patient failed NSAID.