

Case Number:	CM15-0002699		
Date Assigned:	01/13/2015	Date of Injury:	07/09/2010
Decision Date:	03/16/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/06/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old female with a date of injury of 07/09/2010. The mechanism of injury was when a box slipped and fell onto her knee. Her diagnoses included internal derangement of the knee status post right knee medial meniscectomy, plantar fasciitis, right leg pain, osteoarthritis, generalized degenerative joint disease, depression, anxiety, dissociative and somatoform disorder. Past treatments included physical therapy and injections. Diagnostic studies were not included. Her surgical history included right knee medial meniscectomy. The injured worker presented on 01/16/2015 with complaints of pain on the medial side of the right knee with radiation to the posterior calf. She stated the pain is helped with medications. Physical examination revealed decreased tenderness of the right medial knee joint line. Range of motion of the knee is full with flexion to 130 degrees, extension to 180 degrees. Medications included fenoprofen, Prilosec, ketoprofen cream, lidocaine patch, and Cidaflex. Treatment plan was to continue the medications. The Request for Authorization form dated 01/20/2015 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request was for Prilosec 20mg QD #30 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors, such as Prilosec, may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that are at moderate to high risk for gastrointestinal events. The documentation did not indicate the injured worker had any gastrointestinal symptoms. It did not appear the injured worker had a history of peptic ulcer or GI bleed. It does not appear the injured worker is at risk for gastrointestinal events. Therefore, the request is not medically necessary.

Ketoprofen Cream 20 percent #1: Upheld

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

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

Decision rationale: The request for ketoprofen cream 20% #1 is not medically necessary. According to the California MTUS Guidelines for topical analgesics, it is recommended as an option but is largely experimental in its use with few randomized control trials to determine the efficacy or the safety. Topical analgesics are recommended primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The injured worker presented with right knee pain. The request is for ketoprofen. According to the California MTUS Guidelines, ketoprofen is a non FDA approved agent due to its extremely high incidence of photocontact dermatitis. As such, the request for ketoprofen cream is not medically necessary.

Lidocaine patches 12hrs on and 12hrs off #30: Upheld

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

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

Decision rationale: The request for ketoprofen cream 20% #1 is not medically necessary. According to the California MTUS Guidelines for topical analgesics, it is recommended as an option but is largely experimental in its use with few randomized control trials to determine the efficacy or the safety. Topical analgesics are recommended primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The injured worker presented with right knee pain. The request is for ketoprofen. According to the California MTUS Guidelines,

ketoprofen is a non FDA approved agent due to its extremely high incidence of photocontact dermatitis. As such, the request for ketoprofen cream is not medically necessary.

Fenoprofen 400mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/Fenoprofen Page(s): 71.

Decision rationale: The request for fenoprofen 400 mg #30 with 3 refills is not medically necessary. The injured worker reported with right knee pain. According to the California MTUS Guidelines, they recommend the use of NSAIDs for injured workers with osteoarthritis, including knee and hip in injured workers with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period of time in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain and, in particular, for those with gastrointestinal or cardiovascular risk factors. The guidelines recommend NSAIDs as an option for short term temporary relief. There is a lack of evidence in the medical records provided of a complete and accurate pain assessment and the efficacy of this medication. As such, the request for fenoprofen is not medically necessary.