

<b>Case Number:</b>	CM15-0134420		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	05/13/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: New Jersey, Alabama, 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 50 year old female patient who sustained an industrial injury on 05/13/2014. The injured worker was employed as a housekeeper for a hotel. On the day of injury she was working with the laundry sorting, folding sheets and as she was walking holding sheets they became caught up in her legs causing her to fall with resulting injury. A primary treating office visit dated 04/29/2015 reported the patient with subjective complaint of having chief complaints of neck, left shoulder, bilateral knee pains and low back pains. Current medications are: Anaprox, Tramadol, and Omeprazole. The following diagnoses were applied: lumbosacral strain/sprain, rule out degenerative disc disease with intermittent symptoms of bilateral lower extremity radiculitis; right knee strain/sprain, rule out internal derangement, rule out chondromalacia of the patella; left knee strain/sprain, rule out internal derangement, rule out medial meniscal tear and rule out chondromalacia of the patella; symptoms of neck pain and left shoulder pain. She is to return to a modified work duty. The patient is to continue with home exercises, and current medication regimen. There is recommendation to obtain a magnetic resonance imaging study of right knee. A recent follow up visit dated 04/27/2015 reported the treating diagnoses as: traumatic internal derangement of the right knee with torn lateral meniscus, and right knee chondral defect with adjacent marrow edema.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETO Ointment 120 grams:** 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.

**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 gel is recommended as topical analgesics for chronic pain. Ketoprofen gel, 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 or other oral medications. Based on the above, KETO ointment 120 grams is not medically necessary.

**FCMC Ointment 120 grams:** 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.

**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 documentation that the patient failed NSAID or other oral pain medications. Based on the above, FCMC ointment 120 grams is not medically necessary.