

Case Number:	CM15-0134853		
Date Assigned:	07/23/2015	Date of Injury:	02/22/2012
Decision Date:	09/02/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	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 York
 Certification(s)/Specialty: Anesthesiology

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 45-year-old female, who sustained an industrial injury on February 22, 2012. She reported slipping and falling at work and landed on her right knee and right elbow. The injured worker was diagnosed as having right knee degenerative joint disease, right knee medial meniscal tear, and right knee pain. Treatments and evaluations to date have included right knee arthroscopy on January 19, 2015, right knee steroid injections, physical therapy, and bracing, massage, x-rays, MRIs, and CT scan of abdomen, upper GI, and medication. Currently, the injured worker reports right knee and right elbow pain, intermittent numbness and tingling in all digits. The Treating Physician's report dated May 26, 2015, noted the injured worker reported her knee pain was rated a 7-10 out of 10 on the pain scale, with popping, locking, and weakness in her knee, with the knee giving out all the time. The injured worker was noted to be taking 7-15 over-the-counter (OTC) Ibuprofen per day, not working due to the pain. Physical examination was noted to show mild crepitus with right knee extension at the end range of motion (ROM). The treatment plan was noted to include Omeprazole for gastrointestinal (GI) protection, prescriptions for Celebrex and Flector patches, physical therapy for the right knee, and Ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream 20% #1 tube: 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: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines indicate "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The guidelines note that Ketoprofen is not FDA approved for topical application, with an extremely high incidence of photo contact dermatitis. The treating physician's request did not include the site of application or directions for use and as such, the prescription is not sufficient. Therefore, based on the guidelines, the request for Ketoprofen cream is not medically necessary.