

Case Number:	CM15-0149386		
Date Assigned:	08/12/2015	Date of Injury:	09/30/2012
Decision Date:	09/09/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/01/2015

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, 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:

The injured worker is a 48 year old male, who sustained an industrial injury on September 30, 2012. The injured worker was diagnosed as having right knee medial meniscectomy right knee meniscus tear and bilateral knee degenerative disc disease (DDD). Treatment to date has included multiple surgeries, knee brace, injections and medications. A progress note dated June 18, 2015 provides the injured worker complains of knee pain. He reports no improvement of either left or right knee pain. He has had the first of 3 Orthovisc injections. The right knee pain is rated 6 out of 10 and the left is rated 4-5 out of 10. Physical exam notes right quadriceps knee race and atrophy, tenderness to palpation and painful decreased range of motion (ROM). There is left knee tenderness to palpation. Magnetic resonance imaging (MRI) of the right knee reveals meniscal tear and bursitis. There is a request for topical and oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3-Ketoprofen 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: Regarding the request for topical Ketoprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Ketoprofen is not FDA approved for a topical application. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical Ketoprofen. Additionally, Ketoprofen is not FDA approved for a topical application, and there is no statement indicating why another topical NSAID could not be used. In the absence of clarity regarding those issues, the currently requested topical Ketoprofen is not medically necessary.