

Case Number:	CM15-0163432		
Date Assigned:	08/31/2015	Date of Injury:	01/09/2009
Decision Date:	09/30/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 30 year old female who sustained an industrial injury on 1-9-2009. She has reported right knee pain a 6 out of 10 and left knee pain a 5 out of 10 and has been diagnosed with status post right knee arthroscopy and left knee, compensatory, rule out meniscal pathology. Treatment has included medications, surgery, and physical therapy. There were no signs of infection to the right knee. Arthroscopic portals were well healed. There was tenderness at the left knee greatest at medial aspect. There was positive McMurray's medial. There was crepitation with range of motion of the left knee. Range of motion was 0-90 degrees. The treatment plan included medications, MRI of the left knee, and physical therapy. The treatment request included topical Ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Ketoprofen 10% in base 300gm with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical ketoprofen 10% in base 300 g with three refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are status post right knee arthroscopy May 18, 2015; and left knee compensatory. Date of injury is January 9, 2009. There is no request for authorization in the medical record. According to a July 6, 2015 progress note, the injured worker's current medications are ibuprofen and tramadol. There is no documentation of failed first-line opiates or anti-inflammatory drugs. Topical ketoprofen is not recommended (not FDA approved for topical use). Any topical compound that contains at least one drug (ketoprofen 10% topical) that is not recommended is not recommended. Consequently, topical ketoprofen 10% in base 300 g is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, topical ketoprofen 10% in base 300 g with three refills is not medically necessary.