MAXIMUS Federal Services

Case Number:	CM15-0167317		
Date Assigned:	09/08/2015	Date of Injury:	05/19/2014
Decision Date:	10/07/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/25/2015

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:

This 36-year-old woman sustained an industrial injury on 5-19-2014. The mechanism of injury is not detailed. Diagnoses include left knee meniscal pathology. Treatment has included oral medications and physical therapy. Physician notes from the orthopedist dated 7-27-2015 show complaints of increasing left knee pain rated 9 out of 10. Recommendations include surgical intervention, post-operative physical therapy, stop Tramadol and Naproxen, Hydrocodone, Ketoprofen topical compound, continue TENS unit therapy, and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of topical Ketoprofen 10% in case, 300 grams, with 3 refills: Upheld

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

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. There 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 proven efficacy of topical application of Ketoprofen. Furthermore, oral form of this medication was not attempted, and there is no documentation of failure or adverse reaction from first line pain medications. Based on the above, the prescription of topical Ketoprofen 10% in case, 300 grams, with 3 refills is not medically necessary.