MAXIMUS Federal Services

Case Number:	CM15-0029778		
Date Assigned:	02/23/2015	Date of Injury:	11/25/2005
Decision Date:	04/20/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/17/2015

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, Michigan, 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, who sustained an industrial injury on November 25, 2005. She reported slipping on a wet surface and falling back against shelves behind her. The injured worker was diagnosed as having left knee medial meniscus tear, left knee osteoarthritis, left knee chondomalacia, right knee medial meniscus tear and right knee osteoarthritis. Treatment to date has included diagnostic studies, surgery, physical therapy, knee injections, lumbar epidural steroid injection and medications. Currently, the injured worker complained of left ankle pain that is aggravated by waking. She has left knee pain described as burning and stabbing. This pain was rated as a 7 on a 1-10 pain scale. Her right knee also started to hurt due to compensation for the left. This pain was described as stabbing and weakness. She rated this pain as a 4-5 on a 1-10 pain scale. The treatment plan included weight bearing as tolerated, work restriction, continue medications, referrals, ice therapy and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN CREAM 20%: 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 proven efficacy of topical application of the component of Ketoprofen. Furthermore, oral form of the medication was not attempted, and there is no documentation of failure or adverse reaction from first line pain medications. Based on the above, the use of KETOPROFEN CREAM 20% is not medically necessary.