

Case Number:	CM15-0034430		
Date Assigned:	03/02/2015	Date of Injury:	07/15/2009
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/24/2015

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

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 56 year old male, who sustained an industrial injury on 7/15/09. He has reported pain in bilateral knees. The diagnoses have included bilateral knee pain and derangement and osteoarthritis of the knees. Treatment to date has included bilateral knee MRI, Supartz injections, physical therapy, oral and topical medications. As of the PR2 dated 12/18/14, the injured worker reports his pain was not helped by arthroscopic surgery and that the pain is severe. The treating physician noted decreased range of motion and swelling. The treating physician requested Medierm patch with Lidocaine #30, Ketoprofen cream 20% 120mg #1 and MSSR 30mg #60. On 2/11/15 Utilization Review non-certified a request for Medierm patches with Lidocaine #30, Ketoprofen cream 20% 120mg #1 and MSSR 30mg #60. The utilization review physician cited the MTUS guidelines for topical analgesics and opioid use. On 2/24/15, the injured worker submitted an application for IMR for review of Medierm patch with Lidocaine #30, Ketoprofen cream 20% 120mg #1 and MSSR 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Medierm patch w/ Lidocaine 12 hr on 12 hr off #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals and Topical Analgesics Page(s): 105 & 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with chronic bilateral knee pain. The patient is status post arthroscopic meniscectomy in 2010, left knee MUA on 9/9/10 and left knee meniscectomy on 11/26/12. There is no Request for Authorization provided in the medical file. The current request is for RETRO MEDIDERM PATCH WITH LIDOCAINE 12HR ON 12HR OFF #30. The MTUS Guidelines page 57 states, Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of trial of first line therapy tricyclic or SNRI, antidepressants, or AED such as gabapentin or Lyrica. The MTUS page 112 also states, Recommended for localized peripheral pain. When reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is evidence of localized pain and that it is consistent with neuropathic etiology. ODG further request documentation at the area for treatment, trial of short-term use with outcome documenting the pain and function. The patient has been prescribed this medication since 8/14/14. The patient meets the indication for utilizing a lidocaine patch given his chronic knee pain; however, there is no discussion regarding if these patches have been effective. There is no discussion of decrease in pain or increase in function. Given the lack of discussion regarding efficacy, this request IS NOT medically necessary.

Retro Ketoprofen cream 20% 120mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals and Topical Analgesics Page(s): 105 & 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The patient presents with chronic bilateral knee pain. The patient is status post arthroscopic meniscectomy in 2010, left knee MUA on 9/9/10 and left knee meniscectomy on 11/26/12. There is no Request for Authorization provided in the medical file. The current request is for RETRO KETOPROFEN CREAM 20% 120MG #1. The patient has been prescribed this medication since 8/14/14. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." This topical medication IS NOT medically necessary.

MSSR 30mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with chronic bilateral knee pain. The patient is status post arthroscopic meniscectomy in 2010, left knee MUA on 9/9/10 and left knee meniscectomy on 11/26/12. There is no Request for Authorization provided in the medical file. The current request is for RETRO KETOPROFEN CREAM 20% 120MG #1. The patient has been prescribed this medication since 8/14/14. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." This topical medication IS NOT medically necessary.