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| Case Number: | CM15-0039865 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 07/29/2004 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 02/26/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

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
 Certification(s)/Specialty: Family Practice

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 68 year old female, who sustained an industrial injury on 7/29/2004. The mechanism of injury has not been provided. The injured worker was diagnosed as having Genu valgum (acquired), difficulty walk-unspecified, knee arthralgia, effusion of knee joint, and knee degenerative joint disease. Treatment to date has included medications, gym, stationary bike and Jacuzzi. Per the Worker's Compensation Reevaluation dated 1/15/2015, the injured worker returned for follow-up of the right knee. Her knee does well with the Ketoprofen; it has been a bit more swollen lately. She reported off and on numbness in her leg. She is able to walk ok but if she walks close to a mile it feels like it's going to sleep and starts dragging. Physical examination revealed a moderate limp favoring the right knee. There was moderate valgus deformity with obvious swelling and lateral tracking patella, 1+ effusion. There was primarily joint line tenderness but palpable tenderness over the medial collateral ligament. There was also pain on the lateral aspect of the patella. The patellar grind test was positive. The plan of care included refill Ketoprofen cream and follow up as needed. Authorization was requested for Ketoprofen 20% in UL 30gms; 120gms. In the case of this worker, there was insufficient supportive information found in the documentation to suggest her use of ketoprofen for her chronic pain was an exception to the recommendations for topical NSAIDs. Therefore, the ketoprofen will be considered medically unnecessary as it is not FDA approved for topical use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Ketoprofen 20% in UL 30 gms, 120 gms DOS:1/15/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, there was insufficient supportive information found in the documentation to suggest her use of ketoprofen for her chronic pain was an exception to the recommendations for topical NSAIDs. Therefore, the ketoprofen will be considered medically unnecessary, as it is not FDA approved for topical use.