MAXIMUS Federal Services

Case Number:	CM15-0087067		
Date Assigned:	05/11/2015	Date of Injury:	04/22/2014
Decision Date:	06/19/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/06/2015

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:

The injured worker (IW) is a 32-year-old male who sustained an industrial injury to the left knee on 04/22/2014 due to a fall. Diagnoses include status post left knee arthroscopy and left knee bone bruise. Treatments to date include NSAIDs and pain medications, physical therapy, left knee brace and left knee arthroscopy. Diagnostic testing to date includes x-rays and MRIs. The MRI dated 7/24/14 showed bone edema with some small osteochondral defects and a partially ruptured Baker's cyst. According to the progress notes dated 3/27/15, the IW reported left knee pain rated 5/10. The notes indicated oral NSAIDs were successful in reducing knee pain by up to 5 points on a scale of 10, with increased range of motion; however, it was discontinued due to gastrointestinal (GI) side effects. The notes stated the IW received the same benefits from topical NSAIDs without the side effects. A request was made for Ketoprofen 10% in base compound cream (Ketoprofen, Gabapentin, Bupivacaine, Fluticasone, Baclofen, Cyclobenzaprine, Clonide and Hyaluronic acid) 300Gms with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10% in base compound cream (Ketoprofen, Gabapentin, Bupivacaine, fluticasone, baclofen, cyclobenzaprine, clonide, hyaluronic acid) 300 gms with 3 refills:
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. The compounded product drugs are not recommended as topical analgesic by MTUS guidelines. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Ketoprofen 10% in base compound cream (Ketoprofen, Gabapentin, Bupivacaine, fluticasone, baclofen, cyclobenzaprine, clonide, hyaluronic acid) 300 gms with 3 refills is not medically necessary.