

Case Number:	CM15-0088697		
Date Assigned:	05/12/2015	Date of Injury:	04/17/2014
Decision Date:	06/15/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 34 year old male patient who sustained an industrial injury on 04/28/2015. The accident is described as having had sustained a right knee rotational and twisting injury while working. The patient was also deemed permanent and stationary on 11/10/2014. A primary treating office visit dated 12/19/2014 reported the patient with present subjective complaint of having relatively severe pain in the left knee. He is working, but does so with great difficulty taking a variety of pain medications. He reports taking several Norco a day in order to compensate for working. Objective findings showed the left knee with 1 plus Lachman, a positive McMurray's test laterally and lateral joint line tenderness upon palpation. He has full range of motion. The patient ambulates with an antalgic gait to the left. He is diagnosed with internal derangement with focal partial thickness insertional tear, posterolateral band of the ACL. The plan of care noted the patient should proceed with arthroscopic evaluation and treatment. He was prescribed Norco, and Protonix. Diagnostic testing to include: computerized tomography scan of left knee, arthrogram. By 02/12/2015, the patient had subjective complaints of left knee pain worsening, and now with compensatory right knee pain. He reports that with use of pain medication he has increased function and ability to participate in activities of daily function. He states getting increased range of motion with use of Hydrocodone 10mg as it significantly decreases the somatic pains. Objective findings this visit showed left knee diffusely tender with noted swelling and crepitation with range of motion. There was positive anterior drawer. The plan of care noted the patient should undergo a magnetic

resonance imaging study of the right knee, prescribed current medications, and pending surgical authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10% in base, 300 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: Compounded Drug.

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

Decision rationale: The injured worker sustained a work related injury on 04/28/2015. The medical records provided indicate the diagnosis of internal derangement with focal partial thickness insertional tear, posterolateral band of the ACL. Treatments have included use of Hydrocodone. The medical records provided for review do not indicate a medical necessity for Ketoprofen 10% in base, 300 grams. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Ketoprofen is not medically necessary.