

Case Number:	CM14-0142069		
Date Assigned:	09/10/2014	Date of Injury:	07/04/2007
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 71 year old male with a reported date of injury on 07/04/2007. The mechanism of injury occurred when the left knee hit a metal rail. The diagnoses included osteoarthritis of left knee and left knee internal derangement. The past treatment included pain medication and physical therapy. The X-rays on 06/26/2014 were noted to reveal tricompartmental osteoarthritis of right and left knees. There was no surgical history noted in the records. The subjective complaints on 07/14/2014 included left knee pain. The physical examination to the left knee noted joint line tenderness and flexion of 120 degrees. The medications included Anaprox and sonata. The plan was to continue medications. A request was received for Retrospective request for Ketoprofen/Cyclobenz/Caps/Ment/Camp Compound 150gm. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ketoprofen/Cyclobenz/Caps/Ment/Camp Compound 150gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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

Decision rationale: The request for Retrospective request for Ketoprofen/Cyclobenz/Caps/Ment/Camp Compound 150gm is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In regard to Ketoprofen, it is not currently FDA approved for a topical application and has an extremely high incidence of photo contact dermatitis. In regard to cyclobenzaprine, the guidelines do not recommend cyclobenzaprine as a topical muscle relaxant as there is no conclusive evidence for use of muscle relaxants as a topical product. Therefore, as the requested topical compound contains non-approved formulations of ketoprofen and cyclobenzaprine the request is not supported by the guidelines. Additionally, the dose, quantity, and frequency for the proposed medication were not provided. As such, the request is not medically necessary.