

Case Number:	CM14-0161480		
Date Assigned:	10/03/2014	Date of Injury:	11/14/2011
Decision Date:	11/12/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	08/26/2014

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 and Rehabilitation and is licensed to practice in California. 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 65-year-old female who reported an injury on 11/14/2011. The mechanism of injury was not stated. The current diagnosis is chronic knee pain. Previous conservative treatment is noted to include medications, injections, and topical creams. The latest Physician's Progress Report submitted for this review is documented on 04/28/2014. The injured worker presented with complaints of persistent right knee pain. It is noted that the injured worker was status post right knee surgery on 11/16/2012. Recent plain films obtained in 04/2014 indicated bone on bone appearance. It was noted that the injured worker walked with an abnormal gait and a slight limp. There was no physical examination provided for this review. Treatment recommendations included a prescription for an anti-inflammatory medication and a pain cream. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for Ketoprofen cream, keto/cycl/caps/ment/camp (duration unknown and frequency twice daily) dispensed on 6/5/2014 treatment of right knee and shoulder, low back, and Psyche: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Muscle relaxants are not recommended for topical use. Therefore, the current request cannot be determined as medically appropriate at this time. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.