

Case Number:	CM14-0151717		
Date Assigned:	10/02/2014	Date of Injury:	04/15/1999
Decision Date:	04/03/2015	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/17/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 4/11/1999. The diagnoses have included left knee arthropathy and neuropathic pain secondary to left knee injury. Treatment to date has included pain medications. According to the Primary Treating Physician's Progress Report dated 6/10/2014, the injured worker had a chief complaint of left knee pain. Along with neuropathic pain in the left knee, he also had some instability, creating a fall risk. The injured worker used braces for the left knee. He used Norco 10/325mg for general pain control and used Monarch pain cream. It was noted that the injured worker was seen in consultation for left knee surgery. Physical exam revealed a positive patellar sign left knee with some edema noted. There was a positive McMurray's with atrophy of the left quadriceps muscle. The left knee was tender to palpation, particularly along the joint lines, both medial and lateral. The injured worker was dispensed Monarch pain cream, a 72 hour supply. He was to continue Norco for general pain and the Monarch pain cream for neuropathic pain. He was to see his cardiologist and primary care physician in preparation for knee surgery. On 9/8/2014, Utilization Review (UR) non-certified a request for RETRO Monarch Pain Cream 2 tubes; 72 hours supply. No guidelines were cited; the UR summary was regarding Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Monarch Pain Cream 2 tubes; 72-hrs Supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient is a 65 year old male with an injury date of 04/15/99. The most recent report provided is dated 06/10/14 and states the patient presents with chronic left knee pain. The current request is for RETRO MONARCH PAIN CREAM 2 TUBES; 72 HRS SHIPPING. The RFA is not included. The patient is not working as of 06/10/14. The MTUS and ODG do not specifically discuss this medication. The MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The 06/10/14 report states that this medication benefits the patient and improves pain and function. The reports provided do not discuss the ingredients of this request. The 09/05/14 utilization review states this medication contains 7% Gabapentin and 10% Ketoprofen. Ketoprofen is not FDA approved for topical applications and Gabapentin is specifically not recommended in the MTUS topical creams section. Therefore, the requested medication is not recommended and IS NOT medically necessary.