

Case Number:	CM15-0172442		
Date Assigned:	09/14/2015	Date of Injury:	11/25/2014
Decision Date:	10/13/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39-year-old female, who sustained an industrial injury on November 25, 2014. She reported right knee pain. The injured worker was diagnosed as having right knee internal derangement, right patellar contusion and bursitis, rule out fracture. Treatment to date has included diagnostic studies, medications and work restrictions. Currently, the injured worker continues to report right knee pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on March 10, 2015, revealed continued pain as noted. Work restrictions were continued. Evaluation on June 30, 2015, revealed continued right knee pain. It was noted informed consent was obtained for a right knee scope. Right knee diagnostic arthroscopy, partial lateral meniscectomy, chondroplasty of the medial femoral condyle, medial tibial plateau and patella and synovectomy was performed on July 9, 2015, with no noted complications. The RFA included a request for Retrospective Ketoprofen cream (duration and frequency unknown) dispensed on 7/9/2015 and was non-certified on the utilization review (UR) on August 22, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ketoprofen cream (duration and frequency unknown) dispensed on 7/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in November 2014 and continues to be treated for right knee pain. She underwent an arthroscopic partial meniscectomy with chondroplasty and synovectomy in July 2015. Her past medical history includes hypertension and hypothyroidism and she takes levothyroxine. After surgery, topical ketoprofen 10% was prescribed. Indications for the use of a topical non-steroidal anti-inflammatory medication include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photocontact dermatitis. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac, which could be considered as a treatment option. The requested Ketoprofen 10% cream was not medically necessary.