MAXIMUS Federal Services

Case Number:	CM15-0033566		
Date Assigned:	02/27/2015	Date of Injury:	05/18/2014
Decision Date:	04/13/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 45 year old female who sustained a work related injury as a hotel housekeeper when she twisted her ankle and fell on her right knee on May 18, 2014. A magnetic resonance imaging (MRI) of the right knee on August 14, 2014 demonstrated myxoid degeneration in the posterior horn of the medial meniscus, small subchondral cyst in the lateral plateau of the tibia, small joint effusion and lateral tilt of the patella. A right ankle magnetic resonance imaging (MRI) performed on January 29, 2015 was unremarkable. The injured worker was diagnosed with right ankle and knee sprain. According to the primary treating physician's progress report dated January 14, 2015 the patient has tenderness to palpation over the medial and lateral joint lines of the right knee and tracks well with range of motion with some pain. Joint was stable with sensation, motor and reflexes all within normal limits. A positive patellar grind was noted. Examination of the right hip noted mild swelling over the greater trochanter. Right ankle examination noted mild swelling otherwise stable. Current medications are listed as Naproxen and Ketoprofen. Treatment modalities consist of conservative treatment with physical therapy, right knee steroid injection (January 14, 2015) and medication. The treating physician requested authorization for Ketoprofen 20%. On February 20, 2015 the Utilization Review denied certification for Ketoprofen 20%. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20%: Upheld

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

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

Decision rationale: This patient presents with complaints of pain in the right hip, right knee and right ankle. The current request is for KETOPROFEN 20%. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." This topical medication IS NOT medically necessary.