

Case Number:	CM15-0064744		
Date Assigned:	04/10/2015	Date of Injury:	09/28/2006
Decision Date:	05/21/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/06/2015

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: Anesthesiology, 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 49 year old female with an industrial injury dated September 28, 2006. The injured worker diagnoses include right knee lateral compartment arthritis with a history of meniscectomy and significant pes and patellar tendonitis. She has been treated with prescribed medications and periodic follow up visits. According to the progress note dated 2/3/2015, the injured worker was noted to have a history of four different surgeries for her right knee. The treating physician reported that the injured worker was developing progressive lateral compartment arthritic wear as a result of her industrial injury and surgical procedures. Objective findings revealed tenderness over the patellar tendon and pes anserinus tendons medially. Medial joint line was slightly tender. The treating physician prescribed services for pharmacy purchase of Ketoprofen compound powder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Ketoprofen compound powder: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and is not medical necessary.