

Case Number:	CM15-0074621		
Date Assigned:	04/24/2015	Date of Injury:	06/29/2004
Decision Date:	06/02/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/20/2015

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: Preventive Medicine, Occupational Medicine

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 53-year-old male, with a reported date of injury of 06/29/2004. The diagnoses include right knee sprain/strain, torn medial meniscus, and articular cartilage injury of the medial femoral condyle and status post right knee arthroscopy with partial medial meniscectomy and chondroplasty of the medial femoral condyle. Treatments to date have included urine drug testing, right knee arthroscopy on 11/08/2004, MRIs of the right knee; the most recent MRI dated 08/12/2004 showed a large cleavage tear of the posterior horn of the medial meniscus and chondromalacia of the medial facet of the patella, oral medications, and x-rays of the right knee. The medical report dated 12/04/2014 indicates that the injured worker complained of frequent, mild, aching right knee pain. He also reported some stiffness of the knee. An examination of the right knee showed no deformity; trace effusion; minimal generalized tenderness to palpation of the medial aspect of the knee, without point tenderness; normal range of motion; and no pain or crepitus with motion. The plan was for the injured worker to continue his normal duties; however, the injured worker was working for a different employer. The treating physician requested Ketoprofen 20% 24 grams (compound cream) for dates of service: 05/03/2011; 06/01/2011; and 06/07/2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ketoprofen 20% 24grm (compound cream): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 112.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Retro Ketoprofen 20% 24gm (compound cream) is not medically necessary.