

Case Number:	CM15-0075132		
Date Assigned:	04/27/2015	Date of Injury:	01/09/2012
Decision Date:	05/22/2015	UR Denial Date:	04/07/2015
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: Connecticut, California, Virginia
 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 62 year old female, who sustained an industrial injury on January 9, 2012. The injured worker was diagnosed as having hip arthralgia, enthesopathy of hip, muscle weakness, status post left hip surgery, left hip bursitis, and left hip adductor muscle/tendon strain versus tear. Treatment to date has included physical therapy, MRI, ice/heat, MR Arthrogram, left shoulder surgery 2012, x-rays, left hip surgery 2015, home exercise program (HEP), and medication. Currently, the injured worker complains of inner thigh/adductors pain. The Treating Physician's report dated March 24, 2015, noted the injured worker's current medications as Acetaminophen-Codeine, Amlodipine, Losartan, Metformin, and Tramadol. Physical examination was noted to show an improved antalgic gait with positive defect with palpation over the adductor muscle/tendon, with tenderness to palpation to the adductor muscle/tendon. The treatment plan included request for authorization for a MRI of the left thigh including the pelvis, additional physical therapy, and Flurbiprofen cream dispensed in the office.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream dispensed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. The MTUS states that Ketoprofen is not currently FDA approved for a topical application. It has extremely high incidence of photocontact dermatitis, and topical treatment can result in blood concentrations and systemic effects comparable to those from oral forms. Topical Ketoprofen is unlikely to be the best treatment modality in this case. Because Ketoprofen is not recommended by the MTUS for topical therapy, the request cannot be considered medically necessary at this time.