

Case Number:	CM15-0075307		
Date Assigned:	04/27/2015	Date of Injury:	03/20/2012
Decision Date:	05/22/2015	UR Denial Date:	04/10/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 female, who sustained an industrial injury on 3/20/2012, while employed as a seamstress. She reported a fall onto her knees and her low back "popped". The injured worker was diagnosed as having bilateral medial compartment knee degenerative joint disease, bilateral knee pain, right prepatellar bursitis, bilateral patellofemoral syndrome, and bilateral carpal tunnel syndrome. Treatment to date has included diagnostics, lumbar corset, chiropractic, physical therapy, and medications. Currently, the injured worker complains of neck pain with radiation to the upper extremities (rated 6/10), low back pain with radiation to the lower extremities (rated 6/10), and constant numbness and tingling at the front of her knee joints. She felt instability in her knees and rated knee pain 6/10. She last worked on 10/15/2012. Her body mass index was 33.6%. Medication use included Volatern ER, Pamelor, Prilosec, and Gabapentin cream. The treatment plan included a request for CM3-Ketoprofen cream 20% for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3 Ketoprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics - NSAIDs Page(s): 111-113.

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

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing medication in the non-steroidal anti-inflammatory (NSAID) class. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. These records did not include a discussion detailing special circumstances that would support the use of this compound product in this setting. Further, the request was for an indefinite supply, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of CM3 ketoprofen 20% is not medically necessary.