

Case Number:	CM15-0090212		
Date Assigned:	05/14/2015	Date of Injury:	06/18/2008
Decision Date:	06/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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: Physical Medicine & Rehabilitation, 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 70 year old female who sustained an industrial injury on 06/18/2008. Current diagnosis includes left knee degenerative joint disease. Previous treatments included medication management, knee surgeries, physical therapy, assistive device, injections, and home exercise program. Previous diagnostic studies include an MRI of the left knee. Initial injuries sustained included the left knee. Report dated 04/01/2015 noted that the injured worker presented with complaints that included pain while walking with a cane. Medication regimen includes ketoprofen cream, ibuprofen and Tylenol. Pain level was not included. Physical examination was positive for lateral tenderness, and genu valgus deformity. The treatment plan included recommendation for Synvisc injections and an unloading brace. Disputed treatments include ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream 10% 60 grams #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-112 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in June 2008 and continues to be treated for left knee pain. She has medial compartment degenerative joint disease. Treatments have included physical therapy, injections, and medications. When seen, she was having ongoing pain when ambulating. She was using a cane. Medications being prescribed included ibuprofen and topical ketoprofen. Indications for the use of a topical non-steroidal anti-inflammatory medication (NSAID) include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photo contact dermatitis. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac. Additionally, the claimant is also taking the oral NSAID ibuprofen and prescribing another NSAID is duplicative. Therefore, the requested Ketoprofen 10% cream was not medically necessary.