

Case Number:	CM15-0094844		
Date Assigned:	05/20/2015	Date of Injury:	12/04/2009
Decision Date:	06/22/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/15/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 30-year-old female, who sustained an industrial injury on 12/04/2009. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having status post left knee arthroscopy, left knee chondromalacia patella, rule out left knee meniscal pathology, post-traumatic stress disorder, and generalized abdominal discomfort. Treatment and diagnostics to date has included left knee surgery, physical therapy, and medications. In a progress note dated 04/03/2015, the injured worker presented with complaints of 6 out of 10-pain level in the left knee, 5 out of 10 compensatory pain levels in the right heel, and calf spasms. Objective findings include the injured worker is status post left knee arthroscopy with diffuse tenderness and swelling. The treating physician reported requesting authorization for Ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10% 300mg, x3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anti-convulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per ODG and MTUS, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis and photosensitization reactions." As such, the request for Ketoprofen 10% 300mg, x3 refills is not medically necessary.