

Case Number:	CM15-0099880		
Date Assigned:	06/02/2015	Date of Injury:	10/10/2009
Decision Date:	07/08/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/26/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 57 year old female who sustained an industrial injury on October 10, 2009. She has reported bilateral knee pain and has been diagnosed with bilateral knee degenerative joint disease, right lateral meniscal tear, left medial meniscal tear, and bilateral knee pain. Treatment has included bracing, physical therapy, chiropractic care, surgery, and injections. There was 5/5 strength FROM in all major joints and myotomes C5-S2 right and left in upper and lower extremities with no structural deformities except crepitus noted on patellar tracking of bilateral knees and pain with resisted patellar extension. Remaining provocative knee testing was negative for other signs of ligament disruption/instability. MRI of the right knee dated November 15, 2011 revealed complex tear anterior horn to body of lateral meniscus with anterolateral synovitis, parameniscal cyst formation with lateral femoral tibial compartment degenerative change, patellofemoral degenerative change is evident with lateral patellar tilt and subluxation and with superolateral Hoffman's fat pad edema Hoffitis noted. Moderate joint effusion with synovitis. MRI of the left knee dated February 12, 2013 revealed blunting free edge body medial meniscus, lateral patellar tilt, and subluxation is present with patellar chondral thinning. Small joint effusion is seen with fibrotic stranding in Hoffmann's fat bad and small popliteal cyst. The treatment request included Naproxen, Ketoprofen cream, and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for CM-3 Ketoprofen cream 20%, date of service 03/11/2015: 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 recommends 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 anticonvulsants. 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. "Ketoprofen (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 Retrospective request for CM-3 Ketoprofen cream 20%, DOS 03/11/15.

Retrospective request for Oxycodone 5mg #90, date of service 03/11/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Knee, Opioids.

Decision rationale: Oxycodone is a pure opioid agonist. ODG does not recommend the use of opioids for knee pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the request Retrospective request for Oxycodone 5mg #90, DOS 03/11/15 is not medically necessary.