

<b>Case Number:</b>	CM13-0017558		
<b>Date Assigned:</b>	09/30/2013	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois, Indiana, and Texas. 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 physician 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/services.

### 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 patient is a 52-year-old who reported injury on 11/29/2011. The mechanism of injury was stated to be the patient was going up and down a ladder and felt his knee hurt. The patient was noted to have an arthroscopic right knee surgery on 09/21/2012. The patient was noted to have a positive patellar compression test with pain with terminal flexion. The patient was noted to receive 3 Synvisc injections. The patient's diagnosis was stated to include status post right knee arthroscopy. Per the submitted documentation, there was a request for ketoprofen compound and flurbiprofen compound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen compound:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have

failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, therefore, 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. Ketoprofen is not currently FDA approved for a topical application. The clinical documentation submitted for review failed to provide the medications that were in the compound. The request for Ketoprofen compound is not medically necessary or appropriate.

**Flurbiprofen compound:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section, Flurbiprofen, Topical Analgesics Page(s): 72, 111.

**Decision rationale:** The Physician Reviewer's decision rationale: Flurbiprofen is classified as a nonsteroidal anti-inflammatory agent. The Chronic Pain Medical Treatment Guidelines indicate topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs (non-steroidal anti-inflammatory drugs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period." This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration." The clinical documentation submitted for review failed to indicate what was included in the flurbiprofen compound. There is a lack of documentation of efficacy of the requested medication and the amount that is being requested. The request for Flurbiprofen compound is not medically necessary or appropriate.