

<b>Case Number:</b>	CM14-0009058		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 48 year old female who reported an injury on 04/10/2013 from an unknown mechanism. The injured worker had a history of pain to the left knee 5-6/10. The injured worker states "she has not received any medication or any cream is pain is improving". Upon physical examination of the left knee on 12/04/2013 the injured worker's gait pattern is slight antalgic trying to favor the left knee. The knee shows no true suprapatellar swelling. The knee motion is unrestricted from full extension to 150 degrees of flexion with no crepitus in the patellofermoal joint. The patella tracks normally. Tenderness noted at the medial joint line. Cruciate function of the knee is intact with a negative anterior and posterior drawer sign and a negative Lachman maneuver. Gross stability of the knee is satisfactory at full extension and 30 degrees of flexion to varus and valgus stress testing. Circumference measurements are equal bilaterally and the quadriceps and at the knee joint measured at the joint line. The injured worker had a diagnosis of left knee contusion, left knee pain, and status post left knee arthroscopic surgery. There are no medications listed in the documentation. The treatment plan is for Ketoprofen 10% ointment for local application 60 gm. The request for authorization form for Ketoprofen was not included in the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN 10% OINTMENT 60 GRAMS:** Upheld

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

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

**Decision rationale:** The injured worker has a history of left knee pain. The CA MTUS guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product containing at least one drug (or drug class) that is not recommended is not recommended. The guidelines further state, Ketoprofen is not FDA approved for topical application. The requested cream contains at least one drug that is not recommended; therefore, the cream is not supported by guidelines. Therefore, the request for Ketoprofen 10% ointment 60 grams is not medically necessary.