

<b>Case Number:</b>	CM14-0102505		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Internal Medicine and is licensed to practice in California. 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 41 year old female injured on 12/12/12 due to a fall, resulting in bilateral knee pain. Current diagnoses include patellar chondromalacia. Initial treatment included physical therapy and medication management. The injured worker reported 50% loss of range of motion in bilateral knees following the initial injury. The clinical note dated 05/21/14 indicated the injured worker complained of bilateral knee pain. Physical examination revealed slight effusion, right greater than left, range of motion bilateral active and passive 120 degrees, tender right medial joint line, negative McMurray's, joint stable without subluxation, strength 5/5, Lachmann's negative bilaterally, and gait within normal limit. Treatment plan included Tramadol ER 150mg twice daily, Theramine, Sentra PM, Trepadone, Sentra AM, Anaprox DS, Prilosec DR, Ketoprofen cream 20%, and Norco 10/325mg. The initial request for Ketoprofen cream 20% for bilateral knee injury symptoms was initially non-certified on 06/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2 Ketoprofen Creme 20% for Bilateral Knee Injury Symptoms: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/knee>; Table 2, Summary of Recommendations, Knee Disorders

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111/127.

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore 2 Ketoprofen Creme 20% for Bilateral Knee Injury Symptoms cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.