

<b>Case Number:</b>	CM14-0129074		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 and Rehabilitation; 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 patient is a 51-year-old female who has submitted a claim for knee synovitis, effusion of knee joint, joint pain left lower leg, s/p right knee surgery, associated with an industrial injury date of March 27, 2013. Medical records from 2014 were reviewed. The latest progress report, dated 08/18/2014, showed right knee pain with a feeling of weakness and instability occasionally. There was increased left knee pain secondary to persistent right knee pain. Physical examination revealed well healed incision of the right knee. There was restricted range of motion with mild effusion and atrophy. There was mild crepitus with moderate tenderness over medial joint line. There was mild McMurray and a mild deep click. Gait was mildly antalgic. Treatment to date has included right knee video arthroscopy, partial medial meniscectomy, lateral release, chondroplasty of patellofemoral joint, extensive synovectomy (01/14/2014), orthovisc injection, physical therapy, home exercise program, and medications such as ketoprofen cream (dispensed 05/09/2014). Utilization review from 07/16/2014 denied the request for the purchase of 30gm Ketoprofen 20% in UL/lido compound #1 (5/1/14) because this agent was not FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restrospective request for pharmacy purchase of 30gm: Ketoprofen 20% IN UL/lido compound#1 (5/1/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 Chronic Pain Treatment Guidelines; compounded medicat.

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

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. In this case, Ketoprofen cream was dispensed on (05/09/2014) for relief of pain. However, the component of this cream, i.e., Ketoprofen, is not recommended for topical use. There is no discussion concerning need for variance from the guidelines. Therefore, the retrospective request for pharmacy purchase of 30gm: Ketoprofen 20% IN UL/lldo compound#1 (5/1/14) is not medically necessary.