

<b>Case Number:</b>	CM14-0159435		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	09/19/2007
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Orthopaedic Surgery 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 56-year-old female food assistant manager sustained an industrial injury on 9/19/07. She reported injury to the left knee lifting a box. Past surgical history was positive for left knee arthroscopic chondroplasty of the medial femoral condyle and patella, lateral release, plica excision, and open tendon repair on 7/8/13, and foot surgery on 3/31/14. The 7/22/14 treating physician reported cited left knee soreness since beginning physical therapy for her foot. She was icing the knee at the end of the day to help with swelling. The knee was sometimes warm to the touch. She was taking Advil as needed. Left knee exam documented range of motion -1 to 120 degrees with moderate atrophy, 1 to 2+ synovitis, and a mild flexion contracture. The impression was post-op left knee with mild persistent atrophy and pain, patellofemoral osteoarthritis, and persistent synovitis. She completed Orthovisc injections with good reduction in pain. The treatment plan recommended 6 additional physical therapy visits to emphasize patellar mobility exercises and hip strengthening. Ketoprofen cream was prescribed for the left knee. The 9/9/14 utilization review denied the request based on an absence of guidelines support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Ketoprofen powder (DOS 7/24/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines indicate that Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photocontact dermatitis. Guidelines indicate that efficacy in clinical trials of non-steroidal anti-inflammatory agents has been inconsistent and most studies are small and of short duration. The Official Disability Guidelines (ODG), updated on 10/6/14, state that topical Ketoprofen is under study. At this time, there are no high quality studies of any of the various pharmacy compounded formulations of topical Ketoprofen available in the U.S. Given the absence of guideline support for the topical use of Ketoprofen, this request is not medically necessary.

**Retrospective request for PCCA Lipoderm Base (DOS 7/24/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** As the topical medication request is not supported, this associated request is not medically necessary.

**Retrospective request for Compounding fee (DOS 7/24/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** As the topical medication request is not supported, this associated request is not medically necessary.