

<b>Case Number:</b>	CM14-0025367		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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:

This 56-year-old male facility worker sustained an industrial injury on 8/10/11. Injury was sustained when he slipped carrying a piece of furniture down a flight of stairs and hit his right knee on the floor. He underwent right knee arthroscopy with partial medial and lateral meniscectomy, chondroplasty, synovectomy, and abrasion arthroplasty on 1/13/12, and right total knee arthroplasty on 10/8/12. The 8/27/13 lumbar MRI documented multilevel disc desiccation, diffuse disc herniation at L1/2 causing spinal canal and bilateral neuroforaminal stenosis, and diffuse disc herniation at L4/5 causing spinal canal and bilateral neuroforaminal stenosis that contacts the right L4 exiting nerve root. There was grade 2 biconcave fracture deformity of L2 down to S1 vertebra. The 11/19/13 lower extremity electrodiagnostic study documented evidence of chronic right L4 radiculopathy. The 1/29/14 treating physician progress report cited low back pain radiating down the right leg to the ankle with numbness and tingling. Pain was unchanged over the low back and bilateral knees. Pain was worse with climbing, sitting, lifting, walking, and forward bending. Physical exam findings documented ambulation with a single point cane, L3-S1 tenderness to palpation, positive straight leg raise, restricted bilateral knee range of motion, tenderness to palpation knee joint lines, and positive paresthesias. The treatment plan request authorization for Keto/FCMC creams and urine drug screening. Records indicate that Keto/FCMC creams were initiated on 11/6/13 for home pain relief; no specific benefit was documented with the use of these creams. The 2/12/14 utilization review denied the request for Keto/FCMC creams as the efficacy and utility of this medication was not noted in the records reviewed. There was no indication what compounds were in the cream, beyond the non-steroidal anti-inflammatory drug, Ketoprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETO/FCMC CREAM:** 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): 111-113.

**Decision rationale:** Under consideration is a request for Keto/FCMC cream. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines state there is little to no research to support the use of many topical agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Ketoprofen, this agent is not currently FDA approved for a topical application as it has an extremely high incidence of photocontact dermatitis. The remaining ingredients in this cream are not specified. Guideline criteria have not been met. There is no guideline support for the use of topical Ketoprofen. Therefore, this request for Keto/FCMC cream is not medically necessary.