

<b>Case Number:</b>	CM14-0036982		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Minnesota. 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 24-year-old male with a reported injury on 08/17/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 11/14/2013 reported that the injured worker complained of left ankle pain. The physical examination revealed mild swelling to the injured worker's left ankle. An MRI of the left ankle, dated 07/01/2013, revealed the anterior talofibular ligament was thickened and scarred with bone marrow edema throughout the lateral talar process. No definite fracture was identified. The injured worker's diagnoses included history of severe crush injury involving the left ankle 08/17/2012, status post left ankle open reduction and internal fixation requiring fasciotomy 08/18/2012, postoperative soft tissue necrosis of left leg wound, and post injury extensive scarring of left leg with cutaneous neuroma with postsurgical ankle arthropathy. The injured worker's prescribed medication list included Voltaren, Protonix, Ultram, and Norco. The provider requested Ketoprofen 10% cream; the rationale was not provided within the clinical notes. The Request for authorization was submitted on 03/27/2014. The injured worker's prior treatments were not included within the clinical notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ketoprofen 10% cream, 60 grams or a 60 day supply (Prescribed 12-11-13):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** The retrospective request for Ketoprofen 10% cream, 60 grams or a 60 day supply (prescribed 12/11/2013) is medically certified. The injured worker complained of left ankle pain. The treating physician's rationale for ketoprofen cream was not provided within the recent clinical note. The California MTUS guidelines recognize Ketoprofen as a non-steroidal anti-inflammatory drug. Topical NSAIDs are utilized for the application of relief for osteoarthritis pain in the joints to the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. The clinical note, dated 12/11/2013, was not provided within the clinical paperwork for evaluation. There is a lack of clinical information provided documenting the efficacy of Ketoprofen cream as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency or the location of application of the medication being requested. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; as such, the request is not medically certified.