

<b>Case Number:</b>	CM14-0079475		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/14/2003
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 42-year-old male with date of injury 5/14/2003. The mechanism of injury is not stated in the available medical records. The patient has complained of right knee pain since the date of injury. He has been treated with arthroscopic surgical repair of the right anterior cruciate ligament, physical therapy and medications. There are no radiographic reports included for review. Objective: decreased range of motion of the right knee, medial and lateral joint line tenderness of the right knee, positive McMurray's sign right knee, and positive anterior drawer test right knee. Diagnoses: status post right knee arthroscopic surgery, right knee anterior cruciate ligament instability. Treatment plan and request: Flurbiprofen, Ketoprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen #120 grams D.S. 30:** Upheld

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

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

**Decision rationale:** The current request is for Flurbiprofen 120 grams. Per the MTUS guideline cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental,

and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbiprofen 120 grams is not medically necessary.

**Ketoprofen 100% #120 grams D.S. 30:** Upheld

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

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

**Decision rationale:** The current request is for Ketoprofen 100%. Per the MTUS guideline cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Ketoprofen 100% is not medically necessary.