

<b>Case Number:</b>	CM14-0092356		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/29/2004
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 52 year old male with an injury date on 06/29/2004. Based on the 04/29/2014 progress report provided by [REDACTED], the diagnoses are right knee sprain, torn medial meniscus and articulate cartilage injury of medial condyle, status post right knee arthroscopy with partial medial meniscectomy and chondroplasty of the medial femoral condyle. According to a report, the patient complains of frequent, mild, aching right knee pain. Kneeling, squatting, and climbing would worsen the pain. The pain is alleviated by rest and medications. Tenderness to palpation was noted at the medical aspect of the right knee. MRI of the right knee on 10/06/2006 "showed evidence of prior partial medical meniscectomy, a small effusion, and grade 1 to 2 chondromalacia patella." The MRI report was not provided in the file for review. There were no other significant findings noted on this report. [REDACTED] is requesting Keto Cream (Flurbiprofen 25%, 0 Lidocaine Base) 30gm tube and 120gm tube. The utilization review denied the request on 05/29/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/29/2013 to 06/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keto Cream (Flurbiprofen 25%, 0 Lidocaine Base) 30gm tube and 120gm tube:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicines.

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

**Decision rationale:** According to the 04/29/2014 report by [REDACTED] patient presents with frequent, mild, aching right knee pain. The provider is requesting Keto Cream (Flurbiprofen 25%, 0 Lidocaine Base) 30gm tube and 120gm tube. Regarding topical NSAIDs, MTUS guidelines recommends for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. In addition, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Therefore, this request is not medically necessary.