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| <b>Case Number:</b>   | CM13-0022291 |                              |            |
| <b>Date Assigned:</b> | 10/11/2013   | <b>Date of Injury:</b>       | 06/02/2011 |
| <b>Decision Date:</b> | 11/10/2015   | <b>UR Denial Date:</b>       | 08/09/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/09/2013 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 47 year old male, who sustained an industrial injury on June 02, 2011. The injured worker was diagnosed as having left knee loose bodies with chondromalacia of the patella, posterior horn peripheral tear of the lateral meniscus, left knee subluxation with lateral facet pressure syndrome and spurring, anxiety, insomnia, status post arthroscopic lateral retinacular release, partial lateral meniscectomy, removal of loose bodies, and synovectomy performed on December 02, 2011, and status post right knee chondroplasty along with patella and femoral groove plus synovectomy. Treatment and diagnostic studies to date has included at least 42 sessions of physical therapy in the pool and on land, functional capacity evaluation, laboratory studies, x-rays of the bilateral knees, magnetic resonance imaging four the left knee, and above noted procedures. In a progress note dated June 24, 2013 the treating physician reports complaints of pain to the bilateral knees along with pain to the low back and the right hip in the groin region. Examination performed on June 24, 2013 was revealing for "slight" stiffness with bilateral gait, inability to perform hop testing bilaterally, inability to squat greater than 50%, step up testing with assistance, synovitis bilaterally, tenderness to the bilateral medial joint lines, the bilateral lateral joint lines, and to the bilateral patellar regions, crepitus to the bilateral knees, pain with compression bilaterally, positive Grab testing bilaterally, positive Jones' testing bilaterally, and decreased strength to the quadriceps muscles bilaterally. On June 24, 2013 the injured worker's medication regimen included Lorcet (since at least February of 2013), Prilosec (since at least January of 2013), Ketoprofen cream (since at least February of 2013), Gabapentin cream (since at least February of 2013), and Tramadol cream (since at least February of 2013). The injured worker's pain level on June 24, 2013 was rated a 5 out of 10 to the right knee and a 4 out of 10 to the left knee, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his

medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. On June 24, 2013 the treating physician requested Ketoprofen cream 20gm to assist with protecting the stomach. On August 09, 2013 the Utilization Review determined the request for Ketoprofen Cream 20 grams to be non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ketoprofen Cream 20 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Ketoprofen 20% is a topical NSAID medication. The MTUS Guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. Additionally, the injured worker has been using this medication since 2013 with pain relief attributed to this medication and no documentation of functional improvement. The request for Ketoprofen Cream 20 grams is determined to not be medically necessary.