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| <b>Case Number:</b>   | CM15-0139602 |                              |            |
| <b>Date Assigned:</b> | 07/29/2015   | <b>Date of Injury:</b>       | 06/22/2014 |
| <b>Decision Date:</b> | 08/26/2015   | <b>UR Denial Date:</b>       | 07/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/20/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 39-year-old female who sustained an industrial injury on 6/22/2014 resulting in right knee pain. She was diagnosed with right knee contusion with posttraumatic chondromalacia patella. Treatment has included and use of a knee brace, physical therapy which she has reported to lead to some improvement, oral medication with side effects, and Voltaren gel. The injured worker continues to report right knee pain. The treating physician's plan of care includes Ketoprofen 20 percent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 20%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-112.

**Decision rationale:** The claimant sustained a work-related injury in June 2014 and continues to be treated for right knee pain after a contusion. When seen, tramadol was being prescribed. There was a negative past medical history. There was normal knee range of motion with joint

line tenderness and positive McMurray testing. Patellofemoral syndrome was diagnosed. The assessment references nausea with oral non-steroidal anti-inflammatory medications. Indications for the use of a topical non-steroidal anti-inflammatory medication include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photo contact dermatitis. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac which could be considered as a treatment option. The requested Ketoprofen 20% cream was not medically necessary.