

<b>Case Number:</b>	CM15-0145487		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	05/18/2011
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 57-year-old female who reported an industrial injury 5-18-2011. Her diagnoses, and or impression, were noted to include: right knee strain - arthrodesis with possible meniscal tear; status-post right arthrodesis take-down of malunion of joint fusion (4-24-13); right ankle fracture non-union of right joint with complex regional pain syndrome and sub-talar arthrodesis; compensatory neck, low-back, right hip and left knee complaints; recent injury right second toe; and psychiatric complaints. No current imaging studies were noted. Her treatments were noted to include: right ankle surgery (4-24-13); diagnostic studies; an agreed medical examination in psychiatry, without treatment; home exercise program; medication management but now without a physician or pain management specialist; and rest from work. The progress notes of 5-28-2015 reported urgent magnetic resonance imaging studies of the left foot for the concern of an abscess; that the physician prescribing medications was no longer in the practice; and noted the recommendation for right foot surgery once the chronic regional pain syndrome was under control. Objective findings were noted to include the use of a walking boot on the right and a 4-point cane; a very sensitive area over the anterolateral ankle; and a chronic right ankle ulcer. The physician's requests for treatments were noted to include the continuation of an analgesic compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ketoprofen 10% (DOS 5/28/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. There is no documentation for the medical indication of Ketoprofen. MTUS Guidelines do not recommend Ketoprofen nor recommend use of NSAIDs beyond few weeks, as there are no long-term studies to indicate its efficacy or safety. The Retrospective Ketoprofen 10% (DOS 5/28/15) is not medically necessary and appropriate.