

<b>Case Number:</b>	CM15-0203438		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 64 year old female who sustained an industrial injury on March 08, 2011. The worker is being treated for: degenerative disc disease, facet arthropathy, retrolisthesis; low back pain, right knee pain, HNP multiple, respiratory condition question industry related. Subjective: March 24, 2015, aching back pain with right lower extremity complaints; stabbing right knee pain radiating down to right ankle; states both chiropractic session and medication regimen "help reduce pain." She also reports utilizing a topical cream at night to help reduce pain and swelling. She is also with complaint of poor sleep hygiene. June 10, 2015 she reports not having picked up prescription refills for two months; out of medications. She states "no significant change since last visit." September 01, 2015 reports "no significant change." Objective: September 01, 2105, March 24, 2015, gait is antalgic; tenderness to palpation lumbar paraspinals; decreased range of motion in all planes; decreased sensation left L3-5 and S1 dermatomes; June 10, 2015 orthopedic consult is recommending right total knee arthroplasty. Medications: March 24, 2015: Ultracet, Voltaren ER, and Prilosec. June 10, 2015: Ultracet, Voltaren ER, and Prilosec. September 01, 2015: Ultracet, Voltaren ER, and Prilosec (pending authorization for CM3 Ketoprofen cream 20%). Diagnostics: MRI performed august 2011; electrodiagnostic testing July 2011. Treatments: 22 sessions of chiropractic physiotherapy, acupuncture therapy, medication, right knee arthroscopy 2012, utilizes cane as needed. On September 21, 2015 a request was made for compound cream Ketoprofen 20% 30GM that was noncertified by Utilization Review on September 29, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CM3 Ketoprofen 20%:** Upheld

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

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

**Decision rationale:** The claimant sustained a work injury in March 2011 and continues to be treated for low back and lower extremity pain. When seen, a right total knee replacement had been recommended. Prior treatments had included physical therapy which decreased her pain and acupuncture which had not been of benefit. Medications were Ultracet, extended release Voltaren, and Prilosec. She had pain rated at 5/10. She was having episodes of her knee giving out and was occasionally using a cane. Physical examination findings included an antalgic gait. There was lumbar paraspinal and midline lumbar tenderness with decreased lumbar range of motion. There was decreased right lower extremity sensation and left lower extremity strength. Hoffmann's testing was positive bilaterally. Her oral medications were continued and topical compounded ketoprofen was prescribed. 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 photocontact dermatitis. Oral Voltaren is being prescribed and being continued and prescribing a topical NSAID is duplicative. The requested Ketoprofen 20% cream is not medically necessary.