

<b>Case Number:</b>	CM15-0056043		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/17/2004
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 66 year old male sustained an industrial injury to the left knee on 6/17/04. The injured worker was treated with left total knee arthroscopy. The injured worker subsequently sustained an industrial injury a right knee injury. Previous treatment included right knee arthroscopy, physical therapy, injections, medications, knee brace and medications. The injured worker had a history of right renal carcinoma status post right radical nephrectomy and could not take anti-inflammatories. In an office visit dated 1/9/15, the injured worker complained of left knee ongoing bilateral knee pain. Physical exam was remarkable for left knee with tenderness to palpation and mild edema. The treatment plan included a trial of Ketoprofen cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen cream 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** This patient has a date of injury of 06/17/04 and presents with bilateral knee, bilateral upper extremities, back and neck pain. The patient is status post left knee arthroplasty on 06/21/14. The current request is for Ketoprofen Cream 20%. The MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents." Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." This topical agent is not currently FDA approved for a topical application; therefore, recommendation for further use cannot be made. This request IS NOT medically necessary.