

<b>Case Number:</b>	CM15-0056099		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	08/09/2014
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	03/13/2015
<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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 30 year old male with an industrial injury dated August 9, 2014. The injured worker diagnoses include left knee sprain/strain, chondromalacia matella of the left knee, and multiple loose bodies of the left knee. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 02/09/2015, the injured worker reported pain and stiffness in the left knee. Objective findings revealed mild to moderate effusion, tenderness to palpitation, and limited range of motion of the left knee. The treating physician prescribed topical analgesic ointment Flurbiprofen 120mg and Ketoprofen 120mg now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 120mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. Systemic absorption of topical NSAIDs can reach the level of systemic NSAIDs. The claimant had also been on topical NSAIDs. In this case, the claimant had been on the gel for several months and additional 3 months refill is not indicated. There are diminishing effects after 2 weeks. The Ketoprofen topical was provided for 4 weeks. The topical Ketoprofen is not medically necessary.

**Flurbiprofen 120mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. Systemic absorption of topical NSAIDs can reach the level of systemic NSAIDs. The claimant had also been on topical NSAIDs. In this case, the claimant had been on the gel for several months and additional 3 months refill is not indicated. There are diminishing effects after 2 weeks. The Flurbiprofen topical was provided for 4 weeks. The medication was provided in combination with Cyclobenzaprine which is not recommended in topical form due to lack of evidence to support its use. The topical Flurbiprofen is not medically necessary.