

Case Number:	CM14-0125524		
Date Assigned:	09/24/2014	Date of Injury:	09/25/2013
Decision Date:	10/28/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47 year old female with a work injury dated 9/25/13. The diagnoses include lumbosacral sprain, bilateral knee sprain, right knee sprain, bilateral ankle sprain with plantar fasciitis. Under consideration is a request for Ketoprofen 100%, qty 240. There is a primary treating physician report dated 7/16/14 that states that lumbosacral, bilateral knee, and ankle pain. There is a request for PT, Acupuncture, topical creams and Norco. There is no functional change. There is no physical exam change since 6/24/14. A 6/24/ 14 progress note revealed that the patient complained of constant moderate to frequent severe pain in the left knee with frequent knee giving way. Additionally there was report of swelling, popping and clicking. The patient also reported constant pain in both legs. The patient sometimes felt a sharp stabbing pain in the bilateral legs to the sole of the left foot and right ankle with soreness/weakness of the lower extremities. The patient reported specific pain in the knee caps as well as the back of the knees. Additionally the patient reported swelling, popping, and clicking in the right knee as well. Examination revealed that there was evidence of mild increase thoracic kyphosis. There was tenderness along the bilateral lumbar paravertebral muscles, spinous process, right sacroiliac joints and sciatic notch more in the right. The left shoulder was slightly higher. There was bilateral antalgic gait and pain in the knees. There was pain in the left forefoot with tiptoe walking. There was also pain in the heels and legs with heel walking. There was pain in the knees when attempting to do squat. There was decreased sensation to the medial and lateral thigh, lateral greater than medial left leg. Lateral greater than dorsomedial left foot, medial greater than lateral right thigh and medial right leg. There was a well-healed arthroscopic scar on the right knee. There was crepitation of the knees on range of motion (ROM). There was tenderness along the medial and lateral joint lines of the knees. Anterior drawer test was positive

on the left knee. Patellar grinding test was positive and Baker\'s cyst was mildly positive. There was tenderness of the joint lines on the joint lines of the left ankle. There was tenderness of the left plantar fascia and left forefoot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 100%, qty 240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketoprofen; Non FDA-approved agents: Ketoprofen Page(s): 72; 112.

Decision rationale: Ketoprofen 100%, qty 240 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Ketoprofen oral is recommended for arthritis. The documentation does not discuss Ketoprofen. It is not clear if this is oral or topical. The topical form is not FDA approved or recommended by the MTUS. The request for Ketoprofen 100% qty 240 is not medically necessary.