

Case Number:	CM15-0103036		
Date Assigned:	06/05/2015	Date of Injury:	05/14/2014
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/28/2015

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, Hawaii
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:

The 33 year old male injured worker suffered an industrial injury on 05/14/2014. The diagnoses included left lower extremity crush injury, left knee ligament tear, and avulsion fracture of the patella. The injured worker had been treated with TENS unit. On 4/9/2015 the treating provider reported left knee pain 6/10. On exam there was right knee tenderness and crepitus. The treatment plan included Ketoprofen 10% in base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10% in base, 300 gms with 3 refills: 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: The patient has complaints of ongoing knee pain. The current request is for Ketoprofen 10% in base, 30gm with three refills. CA MTUS guidelines do support the use of topical NSAIDS as an option for patients who may benefit from NSAIDS but are unable to

tolerate oral NSAIDS. Records indicate the patient has gastritis with NSAIDS even when using PPI. With regard to Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. The request for Ketoprofen is not medically necessary.