

<b>Case Number:</b>	CM15-0015727		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 32 year old female who sustained an industrial injury on October 17, 2011. She has reported left knee pain with intermittent aggravation and has been diagnosed with left knee dislocation, left knee status post arthroscopic chondroplasty of the patella and synovectomy with open repair of medial patellofemoral ligament and medial retinaculum, and left knee chronic regional pain syndrome. Treatment to date has included surgery, physical therapy, injection, rest, cold application, and medications. Currently the injured worker has diffuse tenderness to palpation about the anterior knee with slight quadriceps atrophy. The treatment plan included medications. On January 8, 2015 Utilization Review non certified Ketoprofen compound 60 gms with 1 refill citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen Compound 60gms #1 with 1 Refill:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing medication in the non-steroidal anti-inflammatory (NSAID) class. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. The submitted and reviewed documentation indicated the worker was experiencing left knee pain, among other issues. These records did not include a discussion detailing special circumstances that would support the use of this compound product in this setting. In the absence of such evidence, the current request for 60g of topical Ketoprofen and one refill is not medically necessary.