

<b>Case Number:</b>	CM15-0119718		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 21 year old male sustained an industrial injury on 11/19/13. He subsequently reported right ankle pain. Diagnoses include fracture of right calcaneus, subtalar joint posttraumatic arthritis, peroneal tendon subluxation and status post arthrodesis. Treatments to date include MRI testing, modified work duty, physical therapy and prescription pain medications. The injured worker continues to experience right foot and ankle pain. Upon examination, collapse of the medial longitudinal arch is noted. Muscle strength is 4/ 5 to the peroneal group. Slight inversion of foot is noted. Gait push off is slightly externally rotated, walks with a slight limp. A request for CM3-Ketoprofen 20% was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CM3-Ketoprofen 20%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 112-113.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. There is no documentation for the medical indication of Ketoprofen or functional benefit from treatment already rendered. MTUS Guidelines do not recommend Ketoprofen nor recommend use of NSAIDs beyond few weeks as there are no long-term studies to indicate its efficacy or safety. The CM3-Ketoprofen 20% is not medically necessary and appropriate.