

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0008350 | | |
| Date Assigned: | 09/13/2013 | Date of Injury: | 07/09/2012 |
| Decision Date: | 01/23/2014 | UR Denial Date: | 07/23/2013 |
| Priority: | Standard | Application Received: | 08/07/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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 physician 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:

This is a male patient with a date of injury of 7/9/12. A utilization review determination dated 7/23/13 recommends non-certification of cyclobenzaprine 7.5 mg #90 and ketoprofen cream. Ketoprofen 75 mg #90 and Medrox patches #1 were certified at that time. A progress report dated 5/6/13 identifies subjective complaints including, "persistent left ankle pain...6-7/10." A progress report dated 6/7/13 identifies subjective complaints including, "persistent left ankle pain...7-8/10...less pain complaints since his last visit as he has been using heel cups...taking Robaxin two times a day and utilized ketoprofen cream...medications help decrease his pain and increases his activity level and denies side effects..." Objective examination findings identify, "gait antalgic with single-point cane use...left ankle...decreased range of motion, positive for crepitus with range of motion." Record review states, "in regard to Flexeril, the patient was given this on a trial basis as he does have spasms...he does have benefit from this. In regard to ketoprofen cream, this was given on a trial basis and this did help with his pain. Diagnoses state a left ankle lateral talar dome osteochondral lesion, left ankle Achilles tendinosis/partial longitudinal tear, and left ankle posterior tibial tenosynovitis. Treatment plan recommends, "consultation with a podiatrist. Patient advised to obtain a medical card for the marijuana. Continue to request a podiatry consultation for the patient's left ankle. He was prescribed Flexeril 7.5 mg #90 and ketoprofen cream. I also recommend a trial of Medrox patches." A progress report dated 7/19/13 identifies subjective complaints including, "persistent left ankle pain...7-8/10...less pain complaints since his last visit as he has been using heel cups...he occasionally smokes marijuana and does not have a medication card for this. He is taking Flexeril for muscle spasms and this does help with his pain level and the crampi

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Cyclobenzaprine 7.5mg #90 between 6/7/2013 and 9/17/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, the MTUS guidelines indicate that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain. Specific to cyclobenzaprine, it is recommended for a short course of therapy as limited, mixed-evidence does not allow for a recommendation for chronic use. Within the documentation available for review, there is no indication that the cyclobenzaprine is improving the employee's function or pain. While the progress notes identify decreased pain and increased activity level with medication use, progress notes prior to the use of cyclobenzaprine identify pain levels lower than after this medication was incorporated into the treatment plan. Additionally, first-line treatment with NSAIDs was concurrently being utilized and cyclobenzaprine is not supported for long-term treatment by the MTUS guidelines. In light of the above issues, the currently requested cyclobenzaprine is not medically necessary.

Unknown prescription for Ketoprofen cream between 6/7/2013 and 9/17/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for ketoprofen cream, the MTUS guidelines indicate that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Additionally, per the MTUS guidelines, ketoprofen is not currently FDA approved for a topical application and it has an extremely high incidence of photocontact dermatitis. Within the documentation available for review, there is no indication that the employee has obtained any analgesic effect or objective functional improvement from the use of ketoprofen. While the progress notes identify decreased pain and increased activity level with medication use, progress notes prior to the use of ketoprofen identify pain levels lower than after this medication was incorporated into the treatment plan. Additionally, there is no documentation that the employee would be unable to tolerate oral NSAIDs, and the employee was concurrently utilizing oral ketoprofen as well as another topical cream containing an NSAID in the form of the Medrox patch. In light of the above issues, the currently requested ketoprofen cream is not medically necessary.

