

Case Number:	CM13-0057127		
Date Assigned:	12/30/2013	Date of Injury:	05/11/2001
Decision Date:	04/16/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/25/2013

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 Interventional Spine, 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:

The patient is a 48 year-old with a date of injury of 05/11/2001. The listed diagnoses according to [REDACTED] are: 1) Left ankle traumatic arthropathy 2) Left ankle pain 3) Chronic pain syndrome According to report dated 10/28/2013 by [REDACTED], the patient presents with left ankle pain. He states his pain is more elevated today because of the rainy weather. He is getting good relief with Tramadol, Ketoflex cream and Orthostim unit. The patient's pain level is 5-6/10 with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF KETOFLEX (KETOPROFEN/CYCLOBENZAPRINE) 15%/10% CREAM 240 GM: 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(s): 111.

Decision rationale: This employee presents with complaints of left leg pain. The treating physician is requesting Ketoflex cream for this employee's chronic leg/ankle pain. The review of

reports show that the employee has been on various topical compounds in the past, including Fluriflex since 6/8/13. Ketoflex appears to have started 10/28/13. This compound contains both Ketoprofen and Flexeril. The MTUS guidelines pg 111 support the use of topical NSAIDs for peripheral joint arthritis or tendinitis. The MTUS guidelines further indicate that regarding Ketoprofen, "this agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." Furthermore, cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Recommendation is for denial.