

<b>Case Number:</b>	CM14-0006716		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	12/07/2005
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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/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 62-year-old female who has submitted a claim for neck pain, cervical radiculitis, right knee internal derangement, status post total knee replacement, lumbar radiculitis, chronic pain syndrome, chronic pain related depression, chronic pain related insomnia, tension headaches, myofascial syndrome, and neuropathic pain, all associated with an industrial injury date of 12/7/05. Medical records from 2006-2013 were reviewed, which revealed consistent bilateral knee and low back pain. Pain was rated at 5/10 with medications and 8/10 without medications. Physical examination showed normal gait. Range of motion of bilateral knee showed 0 degrees at extension and 115 degrees at right knee flexion and 120 degrees at left knee flexion. X-ray of the knee done on 1/28/14 showed mild lateral and medial compartments arthritic changes of the left knee. Mild patella femoral arthritic changes are also present on the left knee. Treatment to date has included, toradol injections, Nucynta, Lyrica, Cidafles, Zanaflex, and Medrox Patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION FOR KETOFLEX (KETOPROFEN/CYCLOBENZAPRINE 15%/10%) CREAM 240MG: Upheld**

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

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

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ketoflex cream contains two active ingredients: Ketoprofen in a 15% formulation and Cyclobenzaprine in a 10% formulation. Ketoprofen is not FDA approved for treatment as a topical application as there is extremely high incident of photo contact dermatitis. Guidelines state that there is no evidence to support the use of Cyclobenzaprine as a topical compound. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. As such, the request is not medically necessary.