

<b>Case Number:</b>	CM14-0008851		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	03/05/2004
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Physical Medicine and Rehabilitation 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 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 injured worker is a 53-year-old male who reported an injury on 03/05/2004. The mechanism of injury was not provided. The documentation of 12/03/2013 revealed that the injured worker had low back pain and right thigh pain. The pain level was a 6/10 with medications and 8/10 without medications. The clinical documentation indicated that the injured worker had 6 chiropractic visits but did not experience improvement, and it was indicated that the injured worker had not trialed acupuncture. The treatment plan included authorization for a urine drug screen, to start Ketoflex (Ketoprofen/ Cyclobenzaprine) 15%/10% cream 240 mg to apply topically 3 times a day and a request for acupuncture 2 times a week for 3 weeks times 6 visits. The clinical documentation indicated that the injured worker had undergone urine drug screens in June and September. The diagnoses included lumbar radiculopathy, chronic pain syndrome, chronic pain-related insomnia, myofascial syndrome, neuropathic pain, chronic pain-related depression and prescription narcotic dependence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Ongoing Management, Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend urine drug screens for patients who have documented issues of abuse, addiction or poor pain control. The clinical documentation indicated that the request was made to assess medication compliance and identify possible drug diversion. The clinical documentation submitted for review indicated that the injured worker had previously undergone 2 recent urine drug screens. While it was noted the injured worker had a diagnosis of prescription narcotic dependence, there was a lack of documentation indicating the actions and/or behaviors that were observed to support the diagnosis and that would support the necessity for a repeat urine drug screen. Given the above, the request for 1 urine drug screen is not medically necessary

**ONE (1) PRESCRIPTION OF KETOFLEX CREAM (KETOPROFEN 15%, CYCLOBENZAPRINE 10%) 240 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Cyclobenzaprine, Topical Analgesics, Ketoprofen Page(s).

**Decision rationale:** The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for the use of any other muscle relaxants as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Ketoprofen is not currently FDA-approved for topical application. The clinical documentation submitted for review indicated that the injured worker was starting the medication. There was a lack of documentation indicating that the injured worker had a trial and failure of antidepressant and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Ketoflex cream (Ketoprofen 15% and cyclobenzaprine 10% 240 mg is not medically necessary.