

<b>Case Number:</b>	CM14-0016335		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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, 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 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 64-year-old female with a date of injury of 3/30/12. The listed diagnoses per [REDACTED] are De Quervain's syndrome, bilateral wrists/hand tendinitis, bilateral wrists/slight hand pain, quadrant fusion on 1/13/13, chronic pain-related insomnia, and neuropathic pain. According to the report dated 1/16/14, the patient complains of right wrist, arm, and shoulder pain. She has now developed numbness in her fingertips when she is driving and after sleeping. The patient's pain level on the date of examination is 4/10. With medication it is 4/10, and without medications it is 6-7/10. Objective findings revealed that Phalen's and Tinel's signs are negative at the right wrist. It is noted that patient had a urine drug screen on 10/14/13 that was positive for Tramadol. The patient's current medication regimen includes Zanaflex; Tramadol; a compound ointment containing Gabapentin, Ketoprofen, and lidocaine; and Ketoflex cream. The primary treating physician is requesting a urine drug screen for medication compliance. Ketoflex Cream (Ketoprofen/Cyclobenzaprine) is also recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREEN:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** This patient presents with complaints of right wrist, arm, and shoulder pain. The primary treating physician is requesting a urine drug screen. While the MTUS guidelines do not specifically address how frequent urine drug screening should be obtained for various risks of opiate users, the Official Disability Guidelines provide clear recommendations. These guidelines recommend once yearly urine drug testing following initial screening within the first six months for management of chronic opiate use in low risk patients. In this case, the medical records provided for review document that the patient had a drug screen on 10/14/13 which was consistent with the medication prescribed. The medical records provided do not show that there have been other urine drug screens. As such, the request is medically necessary.

**KETOFLEX (KETOPROFEN/CYCLOBENZAPRINE) 15%/10% CREAM- 240MG:**  
Upheld

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

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

**Decision rationale:** This patient presents with complaints of right wrist, arm, and shoulder pain. The primary treating physician is requesting Ketoflex cream. Ketoflex topical cream contains 15% ketoprofen and 10% cyclobenzaprine. The MTUS Guidelines states that topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. The MTUS further states that any compounded product that contains at least one (or drug class) that is not recommended is not recommended. The MTUS guidelines support the use of topical NSAIDs for peripheral joint arthritis or tendinitis; this patient has these conditions. However, non-FDA approved agents like ketoprofen are not recommended for any topical use. The MTUS further states that this agent is not currently FDA approved for topical application as it has an extremely high incident of photocontact dermatitis. As such, the request is not medically necessary.