

<b>Case Number:</b>	CM14-0017902		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	10/20/2005
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Occupational Medicine 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 an employee of [REDACTED] and has submitted a claim for lumbar radiculopathy, post-laminectomy syndrome, cervical sprain/strain, chronic pain syndrome, chronic pain-related insomnia, and left hip strain/sprain associated with an industrial injury date of 10/20/2005. Treatment to date has included Toradol injection, and medications such as Norco, Butrans patch, gabapentin, Benadryl, Ketoflex cream, Pristiq, Abilify, Trepadone, Theramine, and Gabadone. Medical records from 2013 to 2014 were reviewed showing that patient complained of neck, right elbow, and low back pain associated with burning sensation. Pain was graded 10/10 in severity and relieved to 7/10 upon intake of medications. He likewise complained of being tired and depressed. Recent progress reports stated that physical examination remained status quo, however, without basis for comparison. The urine drug screen performed on 12/08/2013 was positive for gabapentin, THC, hydrocodone, venlafaxine, and carisoprodol; while negative for buprenorphine. The patient has a marijuana card. Utilization review from 01/30/2014 denied the request for Tegaderm 4.75, #16 between 1/23/2014 and 3/29/2014 because there was no mention in the guidelines that it can be used for holding Butrans patches in place - the rationale given behind this request; and compound med Ketoflex 15%/10% cream 240gm, #1 between 1/23/2014 and 3/29/2014 because it is not recommended by the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION FOR TEGADERM 4.75 #16: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain, Including Prescribing Controlled Substances, Page 33.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Superficial to Partial-Thickness Wounds, J Athl Train (2007) Jul-Sep; 42(3): 422-424.

**Decision rationale:** CA MTUS and ODG do not specifically address this issue. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, an article from PubMed entitled: "Management of Superficial to Partial-Thickness Wounds" was used instead. It states that transparent film dressings, such as Tegaderm, decreased days to complete healing and infection rates compared with non-moist dressings. In this case, the patient has no wound but the rationale given for this request is to cover the Butrans patch in place. A search of online resources do not identify that Tegaderm film is a required adjunct when using Butrans patch, as ordinary first-aid tapes may be used instead. The medical necessity has not been established. Therefore, the request for prescription for Tegaderm 4.75, #16 is not medically necessary.

**1 PRESCRIPTION FOR COMPOUND MED KETOFLEX 15%/10% CREAM 240GM #1:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 111-112.

**Decision rationale:** KetoFlex is a combination of ketoprofen 15% and cyclobenzaprine 10% cream. As stated on page 112 of CA MTUS Chronic Pain Medical Treatment guidelines, ketoprofen is not currently FDA approved for a topical application because it has an extremely high incidence of photocontact dermatitis. Page 41 further states that cyclobenzaprine when added to other agents is not recommended. Page 111 states that any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. In this case, KetoFlex cream has been prescribed since October 2013. However, both of its active components are not recommended per the guidelines stated above. There is no discussion regarding the need for variance from the guidelines. Therefore, the request for prescription for compound med Ketoflex 15%/10% cream 240 gm, #1 is not medically necessary.