

<b>Case Number:</b>	CM14-0069383		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/29/2008
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Pain Management 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:

This patient sustained an injury on 5/29/08 from a slip and fall on greasy food spill. Request(s) under consideration include Ketoflex (Ketoprofen/ Cyclobenzaprine dispensed 11/6/12). Report of 8/21/12 from the provider noted the patient with pain in the left wrist radiating to digits with associated numbness and tingling and weakness. Exam showed decreased grip strength; tenderness of dorsal and volar wrist; Tinel's and Phalen's caused pain. Diagnoses included bilateral CTS; bilateral de Quervain's; bilateral lateral epicondylitis; and right ulnar styloid bursitis. EMG/NCV was recommended along with continuing medications of oral NSAID and pain meds; splints; and HEP. Report of 9/25/12 noted refill for Naproxen and topical cream along with continuing aqua therapy. Report of 11/6/12 noted moderate cervical and lumbar spine pain with radiation to bilatearl hands. Exam showed diffuse decreased range of cervical and lumbar spine; tenderness of paraspinal muscles. Diagnoses include cervical and lumbar spine radiculopathy with refill of Naproxen and patches along with HEP. Request(s) for Ketoflex (Ketoprofen/ Cyclobenzaprine) was non-certified on 4/10/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoflex (Ketoprofen/Cyclobenzaprine):** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2008 without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, oral Naproxen and topical compounded Ketoprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. The Ketoflex (Ketoprofen/Cyclobenzaprine) is not medically necessary and appropriate.