

<b>Case Number:</b>	CM14-0179362		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	08/27/2009
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 62 year old patient with date of injury of 08/27/2009. Medical records indicate the patient is undergoing treatment for lumbar spine sprain/strain and rule out lumbar radiculopathy. Subjective complaints include of burning radicular low back pain rated 8-9/10 which is described as constant and moderate to severe. Objective findings include tenderness to palpation over the lumbar paraspinal muscles, lumbosacral junction, posterior superior iliac spine areas and a trigger point at the quadratus lumborum; positive Tripod sign and Flip test and Laseque's differential was noted with decrease in sensation at L4-L5 and S1 dermatomes bilaterally. An MRI of the lumbar spine on 01/10/2014 which revealed early disc desiccation throughout the lumbar spine, modic type II endplate degenerative changes notes at L1-2 to L4-5, focal fatty deposition at L3 vertebra, the following areas were noted to have diffuse disc protrusion with effacement of thecal sac: L1-2, L3-4, L4-5 and L5-S1, and grade I retrolisthesis of L5 over S1. Treatment has consisted of acupuncture, Synapryn, Tabradol, Deprizine, Dicopanol and Fanalrex. The utilization review determination was rendered on 09/18/2014 recommending non-certification of Ketoprofen20, 165 Grams, Cyclobenzaprine 5, 100 Grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen20, 165 Grams, Cyclobenzaprine 5, 100 Grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for Ketoprofen 20, 165 Grams, Cyclobenzaprine 5, 100 Grams is not medically necessary.