

<b>Case Number:</b>	CM15-0164883		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	04/23/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 28 year old female with an industrial injury dated 04-23-2014. The injury is documented as occurring when her foot fell into a crack on the ground, twisting her ankle. Her diagnoses included lumbar sprain-strain, lumbar radiculopathy, myalgia and myositis unspecified, internal derangement right knee and ankle sprain-strain. Prior treatment included ankle brace, acupuncture, diagnostics and chiropractic treatments. She presents on 06-01-2015 with complaints of constant pain in her lower back. She states acupuncture had decreased her pain level. She rated her pain as 9 out of 10. There was radiation of pain down the posterior aspect of hips, buttocks and thighs which was more intense on the right leg. There was decreased range of motion of the lumbar spine. Her medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene and Ketoprofen cream. The treatment request is for Pharmacy purchase of Ketoprofen 20% cream 167 grams and Cyclobenzaprine 5% cream 100 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Ketoprofen 20% cream 167grams and Cyclobenzaprine 5% cream 100 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 of 127.

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

**Decision rationale:** Pharmacy purchase of Ketoprofen 20% cream 167grams and Cyclobenzaprine 5% cream 100 grams is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical muscle relaxants such as Cyclobenzaprine are not recommended as there is no peer-reviewed literature to support use. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are for short- term use (4-12 weeks). The MTUS states that although Ketoprofen is an NSAID it is not currently FDA approved for a topical application. It has an extremely high incidence of photo- contact dermatitis. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS does not support topical Ketoprofen or topical Cyclobenzaprine. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not indicate extenuating reasons to go against guideline recommendations. Therefore, this request is not medically necessary.