

<b>Case Number:</b>	CM15-0122712		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	12/23/2006
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 41-year-old who has filed a claim for chronic neck, shoulder, and mid back pain reportedly associated with an industrial injury of December 23, 2006. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve requests for a follow-up visit, a topical compounded ketoprofen-containing cream, and cyclobenzaprine. The claims administrator referenced a May 14, 2015 progress note in its determination. Non-MTUS ODG guidelines were invoked to deny the office visit. On said May 14, 2015 progress note, the applicant reported ongoing complaints of neck and mid back pain, 3-4/10. It was suggested that the applicant was working modified duty. The applicant was reportedly using Flexeril, a ketoprofen-containing cream, and Prozac, it was reported. Permanent work restrictions were renewed. On June 9, 2015, it was stated that the applicant was using Flexeril on a nightly basis, in addition to the ketoprofen-containing cream. The applicant was also using Prozac, apparently prescribed by his personal physician. Multifocal complaints of neck, mid back, and shoulder pain were reported. Permanent work restrictions were renewed. In an applicant questionnaire of April 16, 2015, the applicant suggested that he was, in fact, working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CM3 Ketoprofen Cream 20 Percent: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non FDA-approved agents: Ketoprofen Page(s): 112.

**Decision rationale:** No, the request for a ketoprofen-containing cream was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not currently FDA approved for topical application. The attending provider failed to furnish a clear or compelling rationale for usage of the ketoprofen-containing cream in the face of the unfavorable MTUS and FDA positions on the same. Therefore, the request was not medically necessary.

**Cyclobenzaprine 7.5 MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Similarly, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is deemed "not recommended." Here, the applicant was, in fact, using other agents, including the ketoprofen-containing cream also at issue and Prozac. Addition of cyclobenzaprine or Flexeril to the same was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Follow-Up in 1 Month: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** Finally, the request for a follow-up visit was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" in order to provide structure and reassurance even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, the applicant was using a variety of analgesic and adjuvant

medications, including cyclobenzaprine, ketoprofen, and Flexeril. Periodic follow-up visits were, thus, indicated, if only for medication management purposes. Therefore, the request was medically necessary.