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| <b>Case Number:</b>   | CM15-0179305 |                              |            |
| <b>Date Assigned:</b> | 09/21/2015   | <b>Date of Injury:</b>       | 06/16/2014 |
| <b>Decision Date:</b> | 10/29/2015   | <b>UR Denial Date:</b>       | 08/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2015 |

### 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: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 43-year-old female who sustained an industrial injury on 06-16-14. A review of the medical records reveal the injured worker is undergoing treatment for pes planus and posterior tibial tendon dysfunction. Medical records (07-28-15) reveal the injured worker complains of ankle pain rated at 7/10. The physical exam reveals diminished range of motion in the right ankle. Treatment has included topical medications and physical therapy. The treating provider reports the MRI (06-10-15) reveals "minimal posterior tibial tenosynovitis, heterogenous to grossly intact anterior talofibular ligament, and mild to moderate Achilles tendinosis." The original utilization review (08-12-15) non-certified the request for Cyclobenzaprine 5% and Ketoprofen 20%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro DOS: unknown, Cyclobenzaprine 5% tube #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Many of these agents have little to no scientific research to support their use. In this case, the retrospective request is for Cyclobenzaprine 5% cream. Guidelines specifically do not recommend the use of topical muscle relaxants. In addition, there is no evidence that first-line agents have been tried and failed. Also, there is no rationale given as to why an oral muscle relaxant cannot be prescribed in this patient. Therefore, the request is not medically necessary or appropriate.

**Ketoprofen 20% tube #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Many of these agents have little to no scientific research to support their use. In this case, the request is for topical Ketoprofen, an NSAID drug. Topical NSAIDs are generally recommended for osteoarthritis. In this case, there is no documentation of the diagnosis of osteoarthritis. In addition, no rationale is provided as to why an oral NSAID cannot be prescribed and a topical agent is necessary. Therefore, the request is not medically necessary or appropriate.