

<b>Case Number:</b>	CM15-0066217		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	01/15/2015
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 34-year-old who has filed a claim for hand, wrist, and finger pain reportedly associated with an industrial injury of January 15, 2015. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve a request for a ketoprofen- cyclobenzaprine containing compound apparently prescribed and/or dispensed on or around February 3, 2015. Despite the fact that this was not a chronic pain case as of the date of the request, the claims administrator nevertheless invoked the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. On January 20, 2015, the applicant was given Vicodin on an as-needed basis. Work restrictions were endorsed. The applicant had sustained a finger laceration, it was incidentally noted. On February 3, 2015, the applicant transferred care to a new primary treating provider (PTP), seemingly after obtaining attorney representation. 7/10 wrist, finger, and hand pain complaints were reported. The attending provider dispensed several topical compounded medications, dietary supplements, and oral suspensions, including Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, a cyclobenzaprine-containing compound, and a ketoprofen-containing topical compound. X-rays, physical therapy, manipulative therapy, acupuncture, extracorporeal shockwave therapy, MRI imaging, electrodiagnostic testing, and topical Terocin patches were also endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ketoprofen/Cyclobenzaprine (2/16/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 1-127,111-113.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

**Decision rationale:** No, the ketoprofen-cyclobenzaprine containing topical compound dispensed on February 16, 2015 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications such as the ketoprofen-cyclobenzaprine compound in question are deemed "not recommended." Here, moreover, it is noted that the applicant's ongoing usage of first-line oral pharmaceuticals such as Vicodin effectively obviated the need for the topical compounded agent in question. Therefore, the request was not medically necessary.