

Case Number:	CM13-0038097		
Date Assigned:	12/18/2013	Date of Injury:	06/23/2010
Decision Date:	02/28/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Arizona. 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 physician 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 gentleman with dates of injury of 8/16/2006, 4/7/2010, CT 6/23/2009 to 6/23/2010, 6/23/2010. Patient is a coach operator who reported back, right hip and knee pain following injuries while performing his duties as a coach operator. Patient underwent a right knee arthroscopy 10/2010, lumbar laminectomy 2/2011, and a total hip arthroplasty 2/2012. He has had physical therapy, acupuncture treatment as well as hydrotherapy for ongoing pain issues with limited benefit. Patient was prescribed Topical Flurbiprofen/cyclobenzaprine as well as Topical Tramadol/Gabapentin on 8/1/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen/Cyclobenzaprine: 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 rationale: Per MTUS Chronic Pain Medical treatment Guidelines, topical NSAIDS (such as Fluriprofen) are recommended for short term use of 4-12 weeks. There is little evidence

to utilize topical NSAIDS for the treatment of osteoarthritis of the spine, hip or shoulder. There is no evidence for use of any muscle relaxant (such as cyclobenzaprine) as a topical product.

Retrospective Tramadol/Gabapentin: 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 rationale: Per MTUS Chronic Pain Medical treatment Guidelines "Gabapentin is not recommended as there is no peer-reviewed literature to support use." The MTUS does not specifically address Tramadol, however it does state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In addition, there is no information to support treatment outside of the guidelines, therefore it is not recommended.