

<b>Case Number:</b>	CM13-0046160		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 female sustained an injury on 2/22/10 while employed by the [REDACTED]. Requests under consideration include topical cream Flurbiprofen, topical cream Cyclobenzaprine, TG hot, Gabapentin and menthol, and Tramadol. Report of 10/15/13 from [REDACTED] noted that the patient had complaints of left knee burning 7/10 pain and low back 8-9/10 pain. She has completed her physical therapy, and is doing home exercises. An exam showed slight antalgic gait, favoring the left lower extremity; the knee range is reduced, with tenderness over lateral joint line of patella, lateral malleolus, and crepitus with flexion and extension; lumbar spine with tenderness over L4-5 and L5-S1, facets, range is restricted, straight leg raise (SLR) positive at 70 degrees on the left and right. A urine drug screen was performed. She is noted to be taking tramadol, Relafen, and Tizanidine. Diagnoses include ankle contusion, sprain and strain of the knee and leg, and internal derangement of the knee. Medication requests above were non-certified citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen topical cream:** Upheld

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

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

**Decision rationale:** The report of 10/15/13 from [REDACTED] noted that the patient had persistent left knee and low back complaints, after having completed physical therapy. An exam indicated tenderness and limited range of motion, without any noted neurological deficits in motor strength or sensation. The diagnoses include ankle contusion, sprain and strain of the knee and leg, and internal derangement of knee. The Chronic Pain Guidelines indicate that the efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Topical non-steroidal anti-inflammatory drugs (NSAIDs) may be recommended for non-neuropathic pain (soft tissue injury and osteoarthritis) after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of an increased risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure, but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two (2) weeks of treatment for osteoarthritis, but not afterward. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond two (2) weeks, especially for this 2010 injury, without the report of acute flare-up or new injuries. There is no documented functional benefit from treatment already rendered.

**Cyclobenzaprine topical cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Topical analgesics Page(s): 64-65, and 111-113.

**Decision rationale:** The Chronic Pain Guidelines indicate that topical Cyclophene is not recommended for mild to moderate chronic persistent pain problems, including chronic pain (other than for acute exacerbations), due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. The submitted reports have not demonstrated spasm or neurological deficits to support for continued use of a muscle relaxant for this 2010 injury. Due to the unchanged objective findings without demonstrated evidence of acute muscle spasm, the indication and necessity for continued use of muscle relaxant has not been adequately addressed to warrant continued treatment regimen. It is also not clear why the patient would require two (2) muscle relaxants, with two delivery route of topical cream and oral Tizanidine. The guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral non-steroidal anti-inflammatory drugs (NSAIDs) or other pain relievers for a patient without contraindication in taking oral medications. The submitted reports have not

demonstrated the medical necessity to treat this worker with this topical cream, since this injured worker is not intolerable to oral medications. The submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic.

**TG hot:** Upheld

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

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

**Decision rationale:** The Chronic Pain Guidelines indicate that the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral non-steroidal anti-inflammatory drugs (NSAIDs), or other pain relievers for a patient without contraindication in taking oral medications. There is no information indicating how this topical cream is medically necessary to treat this injured worker, who is not intolerable to oral medications, as he is also taking oral Tramadol. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic.

**Gabapentin and Menthol:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin Page(s): 18-19.

**Decision rationale:** The Chronic Pain Guidelines indicate that Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific indication to support the use of Neurontin, without clinical findings of neuropathic pain. There is no mention of functional improvement from previous treatments with Gabapentin and Menthol.

**Tramadol:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

**Decision rationale:** The Chronic Pain Guidelines indicate that opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The guidelines indicate that there should be continued use of Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, the Guidelines state, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain.