

<b>Case Number:</b>	CM13-0059704		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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:

The patient is a 28-year-old female who reported an injury on 03/04/2010. The mechanism of injury involved a fall. The patient is diagnosed with right knee chondral articular fracture, status post articular cartilage bone graft, flexion contracture of the right knee, limited range of motion of the right knee, mild to severe muscle atrophy and weakness of the right lower extremity, anxiety with depression, lumbar strain, right hip strain, left knee strain, and insomnia. The patient was seen by [REDACTED] on 10/29/2013. The patient reported 6/10 right knee pain and 3/10 left knee pain. Physical examination revealed crepitus on range of motion with tenderness to palpation. Treatment recommendations included continuation of current medication and a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine tox screen:** 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 Page(s): 44,77, and 89.

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the patient's injury was greater than 3 years ago to date, and there is no indication of noncompliance or misuse of medication. There is also no indication that this patient falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity has not been established. As such, the request is non-certified.

**Topical Cream-Ketoprofen 30 Gm. Bottle:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The only FDA approved NSAID is diclofenac. Gabapentin is not recommended. As per the documentation submitted, there is no indication of neuropathic pain upon physical examination. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Additionally, noted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**Topical Cream-Gabapentin 30 Gm. bottle:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The only FDA approved NSAID is diclofenac. Gabapentin is not recommended. As per the documentation submitted, there is no indication of neuropathic pain upon physical examination. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Additionally, noted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**Topical Cream-Tramadol 30 Gm. Bottle:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The only FDA approved NSAID is diclofenac. Gabapentin is not recommended. As per the documentation submitted, there is no indication of neuropathic pain upon physical examination. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Additionally, noted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.