

<b>Case Number:</b>	CM13-0068078		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/11/2010
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 49-year-old male who has submitted a claim for tear of medial cartilage or meniscus of knee associated with an industrial injury date of October 11, 2010. The patient complains of intermittent left elbow pain rated 3/10; left shoulder pain rated 5/10, and left wrist pain rated 4/10. The physical examination showed limitation of motion of the left elbow and improved grip strength on the left. The diagnosis was left elbow residual loose bodies and post traumatic arthrosis, left elbow joint; status post prior left elbow surgery, open (2011); status post left elbow extensive debridement of multiple loose bodies and adhesions (09/21/12); status post left elbow extensive debridement and capsulotomy (09/13/13); left elbow ulnar neuropathy; left elbow and wrist median neuropathy with possible carpal tunnel syndrome; anxiety and depression; insomnia; left shoulder impingement; and post traumatic acromioclavicular joint arthritis. The patient has been using topical Gabapentin, Tramadol and Ketoprofen as far back as January 2013. The current treatment plan requests for a functional capacity evaluation and refill of the above topical medications. There has been no discussion with regards to any knee pathology. The treatment to date has included oral and topical analgesics, left elbow surgeries, physical therapy and compression sleeve. The utilization review from December 16, 2013 denied the request for one (1) functional capacity evaluation, because there was no documentation of prior unsuccessful return to work attempts or that the patient is at maximum medical improvement. The requests for one (1) prescription of topical cream Tramadol, one (1) prescription of topical cream Gabapentin and one (1) prescription of topical cream cyclobenzaprine were also denied because there is little to no research to support the use of topical medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 FUNCTIONAL CAPACITY EVALUATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 7, page(s) 132-139

**Decision rationale:** The ACOEM Guidelines indicate that functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. The guidelines also indicate that FCEs may establish physical abilities and facilitate the return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the work place. In this case, the patient is about to finish physical therapy with twelve (12) more sessions left. There is evidence that the patient is nearing maximum medical improvement based on the physical examination findings of improved range of motion and grip strength comparable with the unaffected side. However, there was no discussion of return to work plans or prior unsuccessful return to work attempts. The guideline recommends FCEs for establishing physical abilities and facilitating the return to work. The medical necessity has not been established at this time. Therefore, the request for one (1) functional capacity evaluation is not medically necessary.

### **1 PRESCRIPTION OF TOPICAL CREAM TRAMADOL: 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.

**Decision rationale:** The Chronic Pain Guidelines indicate that the use of topical analgesics are only optional and is still largely experimental in use with few randomized controlled trials to determine efficacy or safety. In this case, the patient has been using topical tramadol as far back as January 2013. However, there was no evidence of overall functional improvement with its use. Furthermore, there was no discussion of intolerance to oral medications that would necessitate use of topical preparations. The medical necessity has not been established. Therefore, the request for one (1) prescription of topical cream tramadol is not medically necessary.

### **1 PRESCRIPTION OF TOPICAL CREAM 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:** The Chronic Pain Guidelines indicate that the use of topical analgesics are only optional and is still largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no evidence for use of gabapentin and any other antiepilepsy drug as a topical product. In this case, the patient has been using topical gabapentin as far back as January 2013. However, there was no evidence of overall functional improvement with its use. Furthermore, there was no discussion of intolerance to oral medications that would necessitate use of topical preparations. The medical necessity has not been established. Therefore, the request for one (1) prescription of topical cream gabapentin is not medically necessary.

### **1 PRESCRIPTION OF TOPICAL CREAM 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:** The Chronic Pain Guidelines indicate that the use of topical analgesics are only optional and is still largely experimental in use with few randomized controlled trials to determine efficacy or safety. In this case, the patient has been using topical tramadol, gabapentin and ketoprofen as far back as January 2013. There was no mention of prior use of topical cyclobenzaprine, and the rationale for its prescription was not discussed. Furthermore, there was no evidence of intolerance to oral medications that would necessitate use of topical preparations. The guideline does not support the use of topical cyclobenzaprine. The medical necessity has not been established. Therefore, the request for one (1) prescription of topical cream cyclobenzaprine is not medically necessary.