

Case Number:	CM13-0069971		
Date Assigned:	01/08/2014	Date of Injury:	07/31/2012
Decision Date:	05/28/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Minnesota. 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 injured worker is a 28-year-old female who reported an injury on 07/31/2012 due to twisting her knee while walking. The injured worker reportedly sustained an injury to her left knee. The injured worker failed to respond to conservative treatments and ultimately underwent left knee arthroscopy in 09/2013. This was followed by a period of postoperative physical therapy. The injured worker was evaluated post surgically on 12/04/2013. Physical findings included 3+ tenderness to palpation of the anterior knee with a positive anterior drawer test. It was documented that the injured worker was status post left knee surgery and meds were assisting with pain control. The injured worker's diagnosis included left knee sprain/strain. The injured worker's treatment plan included Tramadol ER as needed for pain, Flexeril 7.5 mg for muscle spasming, Omeprazole for GI protectant, and topical analgesics to include Flurbiprofen 20%, Tramadol 20%, and an additional topical formulation to include Gabapentin 10%, Amitriptyline 10%, and Dexamethorphan.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20%, TRAMADOL 20%, GABAPENTIN 10%, AMITRITYLLINE 10\$, DEXAMETHORPHAN 10%: 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 based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TOPICAL ANALGESICS, 111

Decision rationale: The requested Flurbiprofen 20%, Tramadol 20%, Gabapentin 10%, Amitriptyline 10%, Dexamethorphan 10% is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of topical nonsteroidal anti-inflammatory drugs unless there is documentation that oral formulations of this type of medication are contraindicative to the patient or when oral formulations of nonsteroidal anti-inflammatory drugs are not tolerated by the patient. The clinical documentation does not provide any evidence that the injured worker cannot tolerate nonsteroidal anti-inflammatory drugs in an oral formulation. Additionally, the California Medical Treatment Utilization Schedule does not support the use of Gabapentin in a topical formulation, as there is little scientific evidence to support the efficacy and safety of this medication in a topical formulation. The Official Disability Guidelines and California Medical Treatment Utilization Schedule do not address the use of Tramadol, Amitriptyline, or Dexamethorphan in a topical analgesic. Peer-reviewed literature does not support the use of antidepressants or opioids in topical formulations, as there is little scientific data to support the efficacy and safety of these medications. Although peer-reviewed literature does indicate that Dexamethorphan is commonly used to treat neuropathic pain, the California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug or drug class that is not recommended is not supported. Therefore, the use of this medication would not be indicated at this time. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. Also, the request, as it is submitted, does not provide a duration of treatment, frequency of treatment, or body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Flurbiprofen 20%, Tramadol 20%, Gabapentin 10%, Amitriptyline 10%, Dexamethorphan 10% is not medically necessary or appropriate.