

Case Number:	CM13-0070134		
Date Assigned:	01/03/2014	Date of Injury:	09/10/2013
Decision Date:	06/04/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 injured worker is a 38-year-old who reported an injury on September 10, 2013, after crashing his bicycle into a parking chain. Current diagnoses include knee contusion; face, scalp or neck contusion; facial abrasion; brief concussion; cervical sprain/strain and blunt head trauma. The latest physician progress report submitted for this review is documented on October 1, 2013. The injured worker reported 9/10 neck pain with total body stiffness. Current medications include tramadol HCL 50 mg and Polar Frost 150 ml 5 oz gel tube. Physical examination revealed posterior cervical tenderness, normal cervical range of motion, tenderness to palpation of the left patella, and intact sensation with 5/5 motor strength. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR FLURBIPROFEN 20% LIDOCAINE 10% DEXAMETHASONE 4 % 240 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID (non-steroidal anti-inflammatory drug) is diclofenac. Therefore, the current request is not medically appropriate. There is also no frequency listed in the current request. The retrospective request for Flurbiprofen 20%/Lidocaine 10%/Dexamethasone 4 %, 240 grams, is not medically necessary or appropriate.

**RETROSPECTIVE CAPSAICIN .0375 %/DICLOFENAC 20%/TRAMADOL/
KETOPROFEN/CAMPBOR/MENTHOL:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of objective functional improvement as a result of the ongoing use of tramadol. There is also no evidence of a failure to respond to nonopioid analgesics. The retrospective request for Capsaicin .0375 %/Diclofenac 20%/Tramadol/ Ketoprofen/Camphor/Menthol is not medically necessary or appropriate.

**RETROSPECTIVE TRAMADOL 40/125 MG, ONE TABLET THREE TIMES DAILY,
NINETY COUNT:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of objective functional improvement as a result of the ongoing use of tramadol. There is also no evidence of a failure to respond to nonopioid analgesics. The retrospective request for Tramadol 40/125 mg, one tablet three times daily, ninety count, is not medically necessary or appropriate.