

<b>Case Number:</b>	CM14-0004580		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	04/25/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Family Medicine and is licensed to practice in Texas. 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 63 year old female who reported an injury on 04/25/2010. The mechanism of injury was not provided for review. The clinical note dated 12/25/2013 reported the injured worker had a contusion of the knee, chondromalacia of the patella. The medication regimen included meloxicam, metformin, and insulin. The provider requested tramadol and Naprosyn topical cream. However, a rationale was not provided for review in the clinical documentation submitted. The Request for Authorization form was not provided for review in the clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 76-80.

**Decision rationale:** Regarding opioid management, the MTUS Chronic Pain Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Chronic Pain Guidelines state the pain assessment

should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long the opioid takes for pain relief; and how long the pain relief lasts. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation regarding significant pain relief, functional improvement, appropriate medication use, and side effects. The submitted request does not provide the frequency of the medication. There is lack of clinical documentation indicating the length of time the injured worker has been utilizing the medication. Therefore, the request is not medically necessary and appropriate.

**NAPROSYN TOPICAL CREAM QTY: 1:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS Chronic Pain Guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The MTUS Chronic Pain Guidelines recommend short-term use of 4 to 12 weeks. The included documents do not suggest objective symptoms of osteoarthritis or tendonitis of the knee. The medical records provided indicate the injured worker had been utilizing the medication since at least 11/2013, exceeding the MTUS Guidelines' recommendation of 4 to 12 weeks of use. There is a lack of documentation regarding the efficacy of the medication as evidenced by significant objective functional improvement. In addition, the request did not specify the treatment site. Therefore, the request is not medically necessary and appropriate.