

<b>Case Number:</b>	CM14-0005090		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	09/13/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain 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 male with a reported date of injury of 09/13/2010. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of left knee pain and stiffness, rated 8/10. Upon physical examination, the injured worker had 3+ tenderness to palpation of the lateral joint line and medial joint line of the left knee. McMurray's was positive in the left knee and motor strength was rated 4/5. The injured worker's diagnosis included left knee meniscus tear. The injured worker's medication regimen included tramadol, Protonix, Flexeril, flurbiprofen, cyclobenzaprine, gabapentin, and tramadol. The retrospective request for Protonix 20 mg #60, retrospective request for Flexeril 7.5 mg #60, retrospective flurbiprofen 20% 30 grams #1, and retrospective tramadol 50 mg #60 was submitted on 01/10/2014. The rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE PROTONIX 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for injured workers who are at immediate risk for gastrointestinal events, and no cardiovascular disease. Long-term PPI use has been shown to increase the risk of hip fracture. The clinical information provided for review lacks documentation related to GI upset or diagnosis of gastrointestinal events. In addition, the request a submitted failed to provide the frequency and directions for use. Therefore, the retro request for Protonix 20 mg #60 is not medically necessary.

**RETROSPECTIVE FLEXERIL 7.5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend Flexeril as an option, using a short course of therapy. Flexeril has its greatest effect in the first 4 days of treatment, suggesting that shorter courses may be better. According to the clinical information provided for review, the injured worker has utilized Flexeril prior to 12/10/2013. In addition, the request as submitted failed to provide frequency and directions for use. The continued use of Flexeril exceeds the recommended guidelines. Therefore, the retrospective request for Flexeril 7.5 mg #60 is not medically necessary.

**RETROSPECTIVE FLURBIPROFEN 20% 30GM #1 BOTTLE:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend topical analgesics as indicated, although largely experimental in use with few randomized control trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen is a topical nonsteroidal anti-inflammatory agent. The effectiveness in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, with a diminishing effect over another 2 week period. According to the clinical documentation provided for review, the injured worker has utilized flurbiprofen prior to 12/10/2013. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values. There is a lack of documentation related to the therapeutic and functional benefit, related to utilization of flurbiprofen. In addition, the request as submitted failed to provide frequency of use and specific site in which the flurbiprofen

is to be utilized. Therefore, the retrospective request for flurbiprofen 20% 30 grams #1 bottle is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review lacked documentation related to the injured worker's functional deficits. According to the clinical documentation, the injured worker has been utilizing tramadol prior to 12/10/2013. There is a lack of documentation related to the therapeutic and functional benefit related to the long-term use of tramadol. In addition, there is a lack of documentation related to the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for tramadol 50 mg #60 is not medically necessary.