

Case Number:	CM14-0107247		
Date Assigned:	08/01/2014	Date of Injury:	02/18/1998
Decision Date:	08/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Therapy and Rehabilitation, has a subspecialty in Interventional Spine 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 54-year-old male with date of injury of 02/18/1998. The listed diagnoses per [REDACTED] are status post right ankle arthroscopic surgery with extensive debridement, right ankle fracture, flattened plantar arch, ankle synovitis, lumbar sprain/strain, and right hip pain. According to the 06/10/2014 report, the patient complains of some medial right knee, which he rates 4/10 to 5/10 on the pain scale. He describes stabbing pain in his right knee. He states that he uses transdermal creams with good benefit. He also complains of aching pain in his low back. The physical exam shows the patellar tracking is abnormal, patellar grind maneuver is positive, popliteal cyst is absent, hamstring tenderness is present and tenderness is present over the medial and lateral aspects of the right knee. There is significant amount of medial joint line pain noted. McMurray's test is positive. Drawer's test and Lachman's instability are negative. Varus/Valgus stress test is mildly positive. The patient's range of motion on the right knee is significantly diminished upon extension and minimally diminished on flexion. The deep tendon reflexes are 2 in the lower extremity. The utilization review denied the request on 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325 mg Quantity: 100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78.

Decision rationale: This patient presents with chronic right knee pain. The patient is status post right ankle arthroscopic surgery with extensive debridement, date unknown. The provider is requesting Tramadol/APAP 37.5/325 mg. The MTUS Guidelines page 76 to 78 on the criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be provided. Once the criteria have been met, a new course of opioids may be tried at that time. The records show that the patient has not tried Tramadol in the past. The patient has failed Celebrex, FluriFlex and TENS unit for pain relief. In this case, the patient continues to report stabbing pain in his right knee, and a trial of Tramadol is reasonable. Therefore, this request is medically necessary.

Fluriflex cream 15/10% 240 gm: Upheld

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

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

Decision rationale: The provider is requesting FluriFlex cream. The MTUS Guidelines, page 111, on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. FluriFlex cream is a combination Flurbiprofen 15% and Cyclobenzaprine 10%. In this case, Cyclobenzaprine is not recommended as a topical compound. Therefore, this request is not medically necessary.

TGHot cream 8/10/2/2/.05% 240 gm: Upheld

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

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

Decision rationale: The MTUS Guidelines, page 111, on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. FluriFlex cream is a

combination Flurbiprofen 15% and Cyclobenzaprine 10%. In this case, Cyclobenzaprine is not recommended as a topical compound. Therefore, this request is not medically necessary.