

<b>Case Number:</b>	CM14-0109416		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/06/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 and is licensed to practice in Texas and Oklahoma. 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 45-year-old female who reported an injury on 07/06/2013. The mechanism of injury was a fall. The diagnoses included lumbosacral spine degenerative disc disease, lumbosacral spine spondylosis, left pelvic ramus fracture, left knee osteoarthritis, left knee sprain/strain. Previous treatments include physical therapy, chiropractic sessions, stim unit, injections, and medication. Previous diagnostic testing included EMGs and CT. Within the clinical note dated 12/19/2013 it was reported the injured worker complained of left ankle, left groin pain, left knee pain. On the physical examination the provider noted the range of motion of her left hip was flexion at 80 degrees and extension at 20 degrees. The provider indicated the range of motion of the knees was flexion at 130 degrees and extension at 0 degrees. The request submitted is for Flurbiprofen/tramadol, gabapentin/dextromethorphan/amitriptyline, capsaicin/menthol/camphor/tramadol, Flurbiprofen/diclofenac, amitriptyline/dextromethorphan/tramadol, naproxen sodium, Senokot, gabapentin/amitriptyline/tramadol, tramadol/Flurbiprofen/cyclobenzaprine, methylprednisolone steroid/Marcaine injection of the left knee. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Flurbiprofen/Tramadol for DOS 10/02/2013 and 04/10/2014:**  
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 NSAIDs Page(s): page(s) 72,111-113.

**Decision rationale:** The retrospective request for Flubiprofen/Tramadol for date of service 10/02/2013 and 04/10/2014 is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Flubiprofen is recommended for osteoarthritis and mild to moderate pain. Tramadol is a centrally acting synthetic opioid analgesic and is not recommended for first line oral analgesics. There is a lack of documentation indicating the medication had been providing objective functional improvement and benefit. The request submitted failed to provide the frequency and the dosage of the medication. The injured worker has been utilizing the medication for an extended period of time, since at least 10/2013, which exceeds the guidelines recommendation of short term use. Therefore, the request is not medically necessary.

**Retrospective request for Gabapentin/Dextromethorphan/Amitriptyline for DOS 10/02/2013 and 04/10/2014:** 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 NSAIDs Page(s): 111-113..

**Decision rationale:** The retrospective request for Gabapentin/Dextromethorphan/Amitriptyline for date of service 10/02/2013 and 04/10/2014 is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. The guidelines note gabapentin is not recommended for topical use. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the dosage of the medication. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Additionally, the injured worker has been utilizing the medication for an extended period of time, since at least 10/2013, which exceeds the guidelines recommendation of short term use. Therefore, the request is not medically necessary.

**Retrospective request for Capsaicin/Menthol/Camphor/Tramadol (TRAMCAPC) for DOS 12/19/2013, 12/23/2013, and 02/14/2014:** 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 NSAIDs Page(s): 111-112.

**Decision rationale:** The retrospective request for capsaicin/menthol/camphor/tramadol for date of service 12/19/2013, 12/23/2013 and 02/14/2014 is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. The guidelines note capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Tramadol is a centrally acting synthetic opioid analgesic that is not recommended as a first line oral analgesic. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency, dosage, quantity of the medication. The injured worker has been utilizing the medication since at least 12/2013 which exceeds the guidelines recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

**Retrospective request for Flurbiprofen/Diclofenac (DIFLUR) for DOS 12/19/2013, 12/23/2013, and 02/14/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary last updated 05/15/2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 72, 111-112.

**Decision rationale:** The retrospective request for Flurbiprofen/Diclofenac (DIFLUR) for date of service 12/19/2013, 12/23/2013 and 02/14/2014 is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Flurbiprofen is recommended for osteoarthritis and mild to moderate pain. The guidelines note Diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. It has not been evaluated for treatment of the spine, hip or shoulder. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency, dosage, quantity of the medication. Additionally, the injured worker has been utilizing the medication since at least 12/2013, which exceeds the guidelines recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

**Retrospective request for Amitriptyline/Dextromethorphan/Tramadol (TRAMDEX) for DOS 12/19/2013 and 12/23/2013: 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 NSAIDs Page(s): 13, 72, 111-112.

**Decision rationale:** The retrospective request for amitriptyline/dextromethorphan/tramadol (TRAMDEX) for date of service 12/19/2013 and 12/23/2013 is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Tramadol is a centrally acting synthetic opioid analgesic that is not recommended as a first line oral analgesic. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered as a first line agent unless they are ineffective, poorly tolerated or contraindicated. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the quantity, dosage, frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 12/2013, which exceeds the guidelines recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

**Retrospective request for Naproxen Sodium 550mg for DOS 02/13/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66, 67.

**Decision rationale:** The retrospective request for Naproxen Sodium 550 mg for date of service 02/13/2014. The California MTUS Guidelines note Naproxen is a non-steroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The guidelines recommend Naproxen at the lowest dose for the shortest period of time in patients with moderate to severe pain. There is lack of documentation indicating the injured worker is treated for or diagnosed with osteoarthritis. The injured worker has been utilizing the medication since at least 02/2014. There is lack of documentation indicating the efficacy of the medication as evidence by significant objective functional improvement. Therefore, the request is not medically necessary.

**Retrospective request for Senokot Sennosides 8.6mg for DOS 02/13/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary last updated 05/15/2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

**Decision rationale:** The retrospective request for Senokot Sennosides 8.6 mg for date of service 02/13/2014. The California MTUS Guidelines recommend Senokot where there is

documentation of opioid induced constipation. There is lack of documentation indicating the injured worker is treated for or diagnosed with opioid induced constipation. The provider failed to document the frequency of the medication. Therefore, the request is not medically necessary.

**Retrospective request for Gabapentin/Amitriptyline/Tramadol for DOS 04/10/2014: 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 NSAIDs Page(s): 13, 111-113.

**Decision rationale:** The retrospective request for Gabapentin/Amitriptyline/Tramadol for date of service 04/10/2014 is not medically necessary. The California MTUS Guidelines recommend Topical NSAIDs for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for the short term treatment of 4 to 12 weeks. The guidelines note Gabapentin is not recommended for the use of topical treatments. Tramadol is a centrally acting oral synthetic opioid analgesic that is not recommended as a first line oral analgesic. Amitriptyline is a tricyclic antidepressant. Tricyclic's are generally considered a first line agent unless they are ineffective, poorly tolerated or contraindicated. There is lack of documentation indicating the efficacy of the medication as evidenced by objective functional improvement. The request submitted failed to provide the frequency. The request submitted failed to provide the dose of the medication. The request submitted failed to provide the quantity of the medication. Additionally, the injured worker has been utilizing the medication for an extended period of time, since at least 04/2010, which exceeds the guidelines recommendation of short term use. Therefore, the request is not medically necessary.

**Retrospective request for Tramadol/Flurbiprofen/Cyclobenzaprine for DOS 04/10/2014: 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 NSAIDs Page(s): 64, 72, 111-113.

**Decision rationale:** The retrospective request for tramadol/Flurbiprofen/cyclobenzaprine for date of service 04/10/2014 is non-certified. The California MTUS Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for the short term treatment of 4 to 12 weeks. Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first line oral analgesic. Flurbiprofen is recommended for osteoarthritis and mild to moderate pain. Cyclobenzaprine is recommended for a short course of therapy, limited mixed evidence does not allow for recommendations of chronic use. There is lack of documentation indicating the efficacy of the medication as evidence by significant objective

functional benefit. The request submitted failed to provide the frequency. The request submitted failed to provide the dosage of the medication. The request submitted failed to provide the quantity of the medication. Additionally, the injured worker has been utilizing the medication since at least 04/2014 which exceeds the guidelines recommendation of short term use of 4 to 12 weeks.

**Retrospective request for Methylprednisolone steroid/Marcaine injection of the left knee for DOS 04/10/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Knee and Leg procedure summary last updated 06/05/2014; MD Consult Drug Monograph.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Hyaluronic acid injections.

**Decision rationale:** The retrospective request for methylprednisolone steroid/Marcaine injections of the left knee date of service 04/10/2014 is non-certified. The Official Disability Guidelines recommend hyaluronic acid injections, also known as Marcaine injections, as a possible option for severe arthritis for patients who have not responded adequately to recommend conservative treatment, exercise, NSAIDs or acetaminophen, to potentially delay total knee replacements, but in recent quality studies the magnitude of improvement appears modest at best. Guidelines recommend documented symptomatic, severe osteoarthritis of the knee which may include bony enlargement, bony tenderness, and crepitus, on active motion less than 30 minutes of morning stiffness, no palpable warmth of synovium, over the age of 50. The guidelines note pain interferes with functional activities, ambulation, prolonged sitting, and prolonged standing and not attributed to any form of joint disease. Failure to meet guideline recommendations adequately respond to aspiration injection and intra-articular steroid the Hyaluronic acid injections are not recommended for any other indications such as Chondromalacia patella, facet joint arthropathy, and Osteochondritis or patellofemoral arthritis. There is lack of documentation indicating the injured worker tried and failed on conservative treatment. There is lack of documentation indicating the provider is requesting the injections to delay total knee replacement. There is lack of documentation indicating pain interfered with functional activities, ambulation or prolonged sitting. Therefore, the request is non-certified.