

<b>Case Number:</b>	CM14-0123147		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 & 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 the date of injury of 04/26/2012. The patient presents with pain in his bilateral knee, right side worse than left. The patient describes his pain as sharp, stabbing, aching, throbbing and pressure like. The patient feels popping, buckling, catching and locking on and off. The patient rates his pain as 4-5/10 on the pain scale, depending on his activities. The patient is currently not taking any medication. According to [REDACTED] report on 01/04/2014, his impression is right knee effusion. The requesting provider has requested for Tramadol/ Flubiprofen and Capsaicin/ Menthol/ Camphor/ Tramadol/ Flubiprofen. The utilization review determination being challenged is dated on 07/03/2014. The requesting provider provided treatment reports from 07/06/2013 to 04/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/Flurbiprofen.:** 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 Analgesics Page(s): 111.

**Decision rationale:** MTUS guidelines primarily recommend topical cream for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS guidelines recommend non-steroidal anti-inflammatory agents (NSAIDs) for osteoarthritis of the knee for a short-term use, 4-12 weeks. Unfortunately, the treater's reports do not contain any information that the patient has tried antidepressants and anticonvulsants in the past, how the patient responded to medications, or why Tramadol/ Flurbiprofen is needed at this point. There are no reports that specifically discuss the patient's osteoarthritis of the knee condition either. Furthermore, MTUS does not recommend a topical compound if one of the products is not indicated. There is no support from the guidelines for topical use of Tramadol. Recommendation is not medically necessary.

**Capsaicin/Menthol/ Camphor/ Tramadol/Flurbiprofen.:** 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 Analgesics Page(s): 111.

**Decision rationale:** The patient presents with pain and weakness in his knees, aggravated by his activities. The request is for Capsaicin/ Menthol/ Camphor/ Tramadol/ Flurbiprofen. There is no indication of the percentage of each topical agent the treater is requesting for. MTUS guidelines recommend Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. None of the reports indicates that what kinds of treatments the patient has had in the past, how the patient responded to other treatments, or why Capsaicin/ Menthol/ Camphor/ Tramadol/ Flurbiprofen are needed at this point. Furthermore, MTUS page 111 do not support compounded topical products if one of the components are not recommended. In this case, there is lack of guidelines support for the use of Tramadol as a topical product. Recommendation is not medically necessary.