

<b>Case Number:</b>	CM14-0168887		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	01/26/2013
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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 underlying date of injury in this case is 1/26/2013. The date of Utilization Review under appeal is 9/29/2014. On 9/8/2014, the injured worker was seen in primary treating physician orthopedic reevaluation. The injured worker was currently taking Vicodin and authorization was pending for a psychiatric consultation, as well as a left knee arthroscopy and an MRI arthrogram of the right shoulder. The injured worker complains of left knee clicking and give-away, as well as right shoulder clicking and locking since surgery. The treating physician felt that overall the injured worker had an internal derangement of the left knee as well as right shoulder derangement and a left knee full-thickness cartilage defect. The treating physician recommended pain management for discussion of treatment options, as well as an MRI of the right shoulder to visualize soft tissue structures and a left knee arthroscopy given the injured worker's ongoing pain upon examination and positive examination findings. The treating physician also requested preoperative medical clearance for postoperative physical therapy 3 times a week for 8 weeks including a cold therapy unit and a CPM unit, crutches, and a knee exercise kit, and a knee brace. Previously, on 6/9/2014 the injured worker's medications were noted to include Naproxen 1-2 tablets daily, Vicodin 500 mg daily, and Advil or Tylenol over-the-counter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78, 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management, page 78 discusses the four A's of opioid management. The medical records do not document such details to clarify the rationale or indication or functional benefit to support this medication. This request is not medically necessary.

**Relafen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68, 72-.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications states this medication is a first-line treatment to reduce pain so activity and functional restoration can resume. It is a first-line medication given the injured worker's ongoing musculoskeletal pain. This request is medically necessary.

**TGHot (Tramadol 8% Gabapentin 10% Menthol 2% Camphor 2% Capsaicin 0.05%) 180 gm #1:** 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 California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Topical Analgesics page 111 states that the use of "compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The medical records do not contain such details to support an indication for this medication. Therefore, the request for TGHot (Tramadol 8% Gabapentin 10% Menthol 2% Camphor 2% Capsaicin 0.05%) 180 gm #1 is not medically necessary.

**Flurflex (Flurbiprofen 10% Cyclobenzaprine 10%) 180gm #1:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Topical Analgesics page 111 states that the "use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The medical records do not contain such details to support an indication for this medication. Therefore, the request for Flurflex (Flurbiprofen 10% Cyclobenzaprine 10%) 180gm # is not medically necessary.