

<b>Case Number:</b>	CM14-0185868		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 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 36 year old with an injury date on 11/15/12. Patient complains of bilateral groin pain, right > left, rated 7/10 with activity, and worsened with sexual activity per 8/28/14 report. Following at 4/30/13 bilateral inguinal hernia operation, he was unable to get an reaction per 8/28/14 report. Based on the 8/28/14 progress report provided by the treating physician, the diagnoses are: 1. inguinal hernia, 2. erectile dysfunction. Exam on 8/28/14 showed "normal neurological/musculoskeletal exams, normal gait. BS+. Tenderness to palpation of groin." No range of motion testing was found in reports. Patient's treatment history includes home exercise program, medications. The treating physician is requesting Ketoprofen cream #2, and Tramadol ER 150mg #30. The utilization review determination being challenged is dated 10/2/14. The requesting physician provided treatment reports from 8/28/14 to 9/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen Cream #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** This patient presents with bilateral groin pain. The treater has asked for ketoprofen cream #2 on 8/28/14 "to avoid use of oral NSAIDs." Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the patient does present with peripheral joint arthritis/tendinitis. MTUS also specifically states that Ketoprofen is not currently FDA approved for a topical application. In this case, the patient has a chronic pain condition. Given the lack of support from MTUS for this topical medication, recommendation is for denial.

**Tramadol ER 150mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78. 88-89.

**Decision rationale:** This patient presents with bilateral groin pain. The treater has asked for tramadol ER 150mg #30 on 8/28/14. It does not appear patient has a history of taking Tramadol or other opioids. In 8/28/14 report, treater states to "start" Tramadol usage. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the patient presents with groin pain. The treater has requested a trial of Tramadol which is reasonable for patient's chronic pain condition. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. The requested trial of Tramadol is medically reasonable in this case. Recommendation is for authorization.