

Case Number:	CM14-0020689		
Date Assigned:	04/30/2014	Date of Injury:	04/26/2012
Decision Date:	08/06/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/19/2014

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 Nevada. 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 records presented for review indicate that this 36-year-old male was reportedly injured on April 26, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated November 18, 2013, indicates that there are ongoing complaints of right knee pain. The physical examination demonstrated mild pain with range of motion. Treatment recommendations included the use of a hot/cold unit, intra-articular injections, muscle stimulation unit and a hinged knee brace. Previous treatment includes surgery for a right knee patellar fracture and a right knee intra-articular steroid injection. A request was made for a retrospective request for gabapentin/cyclobenzaprine/tramadol and was not certified in the pre-authorization process on January 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 12/26/13) FOR GABAPENTIN/CYCLOBENZAPRINE/TRAMADOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Agents Page(s): 143.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111,112 of 127.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines only recommends the usage of topical analgesic agents which include anti-inflammatories, capsaicin, and lidocaine. There is no peer-reviewed evidence-based medicine that additional compounded ingredients to include gabapentin, cyclobenzaprine, or tramadol have any benefits. For this reason, this Retrospective Request for Gabapentin/Cyclobenzaprine/Tramadol is not medically necessary.