

<b>Case Number:</b>	CM14-0023666		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	01/21/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 55-year-old female who has submitted a claim for knee sprain, medial meniscus tear, chronic pain syndrome, discogenic pain, facet syndrome, and low back pain associated with an industrial injury date of 01/21/2011. Medical records from 2013 to 2014 were reviewed. Patient complained of pain at the right leg and low back, graded 6/10 in severity. Patient reported improvement upon intake of medications; however, with adverse effect of heartburn. Muscle spasm was noted at vastus medialis and hamstrings. Gait was antalgic. Straight leg raise test was positive on the right with radicular pain at the level of the knee. Treatment to date has included right knee arthroscopic surgery in 2011, corticosteroid injection to the right knee, physical therapy, home exercise program, and medications such as topical creams, venlafaxine, pantoprazole, nabumetone, and ibuprofen. Utilization review from 01/31/2014 denied the requests for tramadol cream 10% and flurbiprofen cream 20% because there was no evidence that patient had failed oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO (DATE OF SERVICE (DOS): 01/20/2014) TRAMADOL CREAM 10% CREAM #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): 111-113.

**Decision rationale:** Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many these agents. Tramadol is indicated for moderate to severe pain, however, its topical formulation does not show consistent efficacy. In this case, patient has been on tramadol cream since November 2013 with noted functional improvement. However, guidelines do not recommend its use due to limited efficacy. Moreover, was no discussion concerning need to provide multiple topical products in this case. The medical necessity was not established. Therefore, the retrospective request for Tramadol Cream 10% Cream #1 (with Date Of Service of 01/20/2014) is not medically necessary.

**RETRO (DATE OF SERVICE (DOS): 01/20/2014) FLURBIPROFEN CREAM 20% CREAM, #1 JAR:** 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): 111-113.

**Decision rationale:** Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Regarding Flurbiprofen, CA MTUS supports a limited list of topical NSAIDs, which does not include Flurbiprofen. There is little to no research to support the use of many these agents. In this case, patient has been on tramadol cream since January 2014 with noted functional improvement. However, guidelines do not recommend its use due to limited efficacy. Moreover, was no discussion concerning need to provide multiple topical products in this case. The medical necessity was not established. Therefore, the retrospective request for flurbiprofen cream 20% cream, #1 jar (with date of service of 01/20/2014) is not medically necessary.