

Case Number:	CM14-0025137		
Date Assigned:	06/16/2014	Date of Injury:	06/26/2013
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/27/2014

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 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 42 year old female who was injured on 06/26/2013. She sustained an injury to her left knee when she pushed a box with her left knee and she immediately felt pressure. Prior treatment history has included ibuprofen, Ace bandage, cold/hot pack; physical therapy for 2 weeks. Progress report dated 01/08/2014 indicated the patient complained of pain in her left knee rating it as a 7/10. On exam, she has grade 2 tenderness to palpation, which has remained the same since her last visit. Range of motion remains limited and McMurray's test is positive. Diagnoses are left knee impacted fracture of the medial femoral condyle with chondral defect and sleep disturbance secondary to pain. The treatment and plan included a request for a left knee synvisc injection times 3. She is prescribed Fluriflex 180 mg, TGHOT 180 gm and Tramadol 50 mg #60. Prior utilization review dated 02/14/2014 denied the request for a left knee synvisc injection times 3, Fluriflex 180 mg, TGHOT 180 gm and Tramadol 50 mg #60 as there is no evidence to support the use of these medications and there is no documented failed treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIFLEX 180MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: According to CA MTUS guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Fluriflex contains Flurbiprofen 15% and Cyclobenzaprine 15%. Per guidelines, topical NSAIDs may be useful for musculoskeletal pain, but there is no study to support its long-term safety and efficacy. Furthermore, the guidelines do not support the topical muscle relaxant, as its benefit has not been proven. Therefore, the request for Fluriflex is not medically necessary according to the guidelines.

TRAMADOL 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria Page(s): 80-96.

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. The medical records show that the patient has been on Tramadol since July 2013. However, there is little to no evidence of pain or functional improvement with its use. Chronic use of opioids is not generally supported by the medical literature. Therefore, the medical necessity of Tramadol has not been established.

THREE LEFT KNEE SYNWISE INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Hyaluronic acid injections.

Decision rationale: Synvisc (Hyaluronic acid) injections are recommended as an option for severe knee OA, after the patient has tried and failed conservative managements such as NSAIDs, or physical therapy. There are not approved for other indications such as chondromalacia patella. There is no evidence of knee osteoarthritis in this patient. Therefore, the medical necessity of the requested Synvisc is not established at this time.

TGHOT 180GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: TGHOT is a topical analgesic that contains Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.5%. According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, Gabapentin is not recommended for topical application, as there is no peer-reviewed study to support its use. Therefore, the request is not medically necessary according to the guidelines.