

Case Number:	CM14-0027967		
Date Assigned:	06/16/2014	Date of Injury:	03/08/2005
Decision Date:	07/16/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/05/2014

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 patient is a 64 who was injured on 03/08/2005. The mechanism of injury is unknown. Prior medication history included Gabapentin 600 mg #90, Ambien 10 mg #30 (since June 3, 2011 for sleeping problems). Prior treatment history has included Synvisc injection. Progress report dated 01/03/2014 indicated the patient complained of ongoing dull, aching, pain in both knees, left greater than right. He denied radicular symptoms. He is having a lot of crepitus in the shoulders as well. On exam, there is tenderness to palpation on both knees in the medial and lateral aspect. There was swelling of the left knee. McMurray's test was positive bilaterally and Lachman instability was positive bilaterally. Diagnoses are bilateral knee internal derangement, meniscal tear of the left knee, status post left knee arthroscopy and status post right knee operative arthroscopy. The treatment and plan included a prescription for Gabapentin 600 mg, Ambien 10 mg, Cartivisc 500/200/150 mg, and transdermal creams. Prior utilization review dated 02/07/2014 states the request for decision for prospective request: 1 prescription of Flurbiprofen/cyclobenzaprine 15/10% cream 180gm (██████████), 1 prescription of TGice (tramadol/ gabapentin/menthol/camphor 8/10/2/2% cream 180gm ██████████), and prospective request: 30 ambien 10mg ██████████) were non-certified as there is a lack of evidence to support its use and lack of documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST: 1 PRESCRIPTION OF FLURBIPROFEN/CYCLOBENZAPRINE 15/10% CREAM 180GM (REDACTED): Upheld

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

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

Decision rationale: As per CA MTUS guidelines, Muscle relaxants (Cyclobenzaprin) is not recommended for topical use in chronic pain, as there is no evidence for their use. Accordingly, the requested Flurbiprofen/Cyclobenzaprine 15/10% cream 180gm (REDACTED) is not medically necessary.

PROSPECTIVE REQUEST: I PRESCRIPTION OF TGIce (TRAMADOL/GABAPENTIN/MENTHOL/CAMPHOR 8/10/2/2% CREAM 180GM (REDACTED): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; OPIOIDS Page(s): 111-113; 78.

Decision rationale: According to CA MTUS guidelines, Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Tramadol as an opioid needs the following actions to be considered for the continuation of administration; "documentation of pain relief, functional status, appropriate medication use, and side effects". The medical records do not address the failure of antidepressants and/or anticonvulsants trials. The patient is on gabapentin. Therefore, the medical necessity of Tramadol/Gabapentin/Menthol/Camphor 8/10/2/2% cream 180gm (REDACTED) has not been established according to the guidelines.

PROSPECTIVE REQUEST: 30 AMBIEN 10MG (REDACTED): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, ZOLPIDEM (AMBIEN).

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute. As per ODG, Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the

short-term (usually two to six weeks) treatment of insomnia. Sleeping medications can be habit-forming, and they may impair function and memory more than opioid pain relievers. The medical record showed prescription as early as June 3, 2011. Therefore, the medical necessity of Zolpidem 10mg #30 has not been established according to the guidelines.