

<b>Case Number:</b>	CM14-0042709		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	06/05/2001
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 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:

According to the records made available for review, this is a 38-year-old female with a 6/5/01 date of injury. At the time of request for authorization for Flurbiprofen and Tramadol Cream, there is documentation of subjective (total body pain, right knee pain with swelling, chronic fatigue, and difficulty sleeping) and objective (bilateral knee effusions and rheumatoid arthritis deformities) findings. The patient's current diagnosis was psoriatic arthropathy. The treatment to date included knee injections, wrist braces, medications, ongoing therapy with Flurbiprofen, Tramadol Creams, Celebrex, Humira, and Valtrex. In addition, medical report plan identifies renew Flurbiprofen and Tramadol topical creams. Regarding Flurbiprofen Cream, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs, short-term use (4-12 weeks), and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Flurbiprofen cream. Regarding Tramadol Cream, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Tramadol cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen Cream (unknown dosage and quantity): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. The ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of psoriatic arthropathy. In addition, there is documentation of osteoarthritis pain in joints that lend themselves to topical treatment (knee). However, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. In addition, given documentation of ongoing therapy with Flurbiprofen cream, there is no documentation of short-term use (4-12 weeks). Furthermore, despite documentation of a plan identifying renew Flurbiprofen topical cream; there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Flurbiprofen cream. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen Cream is not medically necessary.

**Tramadol Cream (unknown dosage and quantity):** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of psoriatic arthropathy. However, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, despite documentation of a plan identifying renew Tramadol topical cream; there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity

tolerance; and/or a reduction in the use of medications as a result of use of Tramadol cream. Therefore, based on guidelines and a review of the evidence, the request for Tramadol Cream is not medically necessary.