

<b>Case Number:</b>	CM14-0042968		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/14/1998
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	03/26/2014
<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 Orthopedic Surgery 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 claimant is a 60-year-old female who sustained a vocational injury on May 14, 1998. The office visit dated July 29, 2014, noted complaints of sharp continuous stabbing pain in the knee which radiated down into her foot. She had clicking, popping, and buckling of the knee and experienced episodes of swelling of the knee. On examination, it was noted that the claimant ambulated with the use of a cane, range of motion was within normal limits, and there was no pain or mechanical block. There was patellar crepitus and tenderness noted with firm compression on the left knee. There was medial and lateral joint line tenderness noted on the left. There was no valgus or varus instability. The report of X-rays of the left knee from May 12, 2014 showed tricompartmental osteoarthritis with complete loss of medial joint space with mild varus deformity. She was given the diagnosis of end stage osteoarthritis of the left knee with continued pain despite conservative management including injections and therapy. She was noted to have had a previous left knee arthroscopy of which the date was unknown, right knee arthroscopy in 1998 and a right total knee replacement on June 17, 2013. This request is for a topical compound analgesic cream made up of ketoprofene, Baclofen, and lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound topical cream Ketoprofen/Baclofen/Lidocaine:** Upheld

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

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

**Decision rationale:** California MTUS Chronic Pain Guidelines note that any topical cream containing at least one medication which is not considered medically necessary then the whole compound cannot be considered medically necessary. Baclofen is not recommended as medically necessary, and lidocaine is considered medically necessary only in the setting of neuropathic pain of which there is currently no working diagnosis for this claimant. Therefore, based on the documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines, the request for the topical compound analgesic cream cannot be considered medically necessary.

**Prilosec 20mg, qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** According to the California Chronic Pain Guidelines, gastrointestinal protection is considered medically necessary in claimants who are greater than 65 years of age, have a history of a peptic ulcer, GI bleed or perforation, concurrently use aspirin, corticosteroids and/or anticoagulation, or a high dose/multiple antiinflammatories. The documentation presented for review fails to establish the claimant has criteria which would meet California Chronic Pain Medical Treatment Guidelines for gastro protective agents and subsequently Prilosec cannot be considered medically necessary.

**Prilosec 20mg, qty unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** California MTUS Chronic Pain Guidelines state that gastrointestinal protection is considered medically necessary in claimants who are greater than 65 years of age, have a history of a peptic ulcer, GI bleed or perforation, have concurrent use of aspirin, corticosteroids and/or anticoagulation, or a high dose/multiple antiinflammatories. Currently, documentation presented for review fails to establish the claimant has criteria which would meet California Chronic Pain Medical Treatment Guidelines for gastro protective agents and subsequently Prilosec cannot be considered medically necessary.

**Ultam ER 150mg, qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Page(s): 93-94; 75; 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp 18th edition, 2013 Updates; Pain chapter: Opioids, specific drug list Recommend specific dosage and cautions below. See also Opioids for overall classifications. Tramadol (Ultram®; Ultram ER®; generic available): Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA, but it is designated schedule IV drug in 13 state

**Decision rationale:** According to the California MTUS Chronic Pain Guidelines tramadol is considered a second line medication for treatment of discomfort related to osteoarthritis. Currently, there is no documentation the claimant has attempted, and failed traditional first line medications such as Tylenol and anti-inflammatories. In addition, the previous Utilization Review determination noted that the claimant had been on Ultram for some time and recommended a decreased quantity of the medication be provided as to allow for weaning of the medication. To continue to provide the same medication despite the fact that the claimant continues to have significant subjective complaints and abnormal physical exam objective findings would not be considered medically necessary. Therefore, based on the documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines, the request for Ultram Extended Relief 150 mg, dispense #60 cannot be considered medically necessary.

**Tramadol 50mg, qty unspecified:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94; 75; 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp 18th edition, 2013 Updates; Pain chapter; Opioids, specific drug list Recommend specific dosage and cautions below. See also Opioids for overall classifications. Tramadol (Ultram®; Ultram ER®; generic available): Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA, but it is designated schedule IV drug in 13 state

**Decision rationale:** According to the California MTUS Chronic Pain Guidelines tramadol is considered a second line medication for treatment of discomfort related to osteoarthritis. Currently, there is no documentation the claimant has attempted, and failed traditional first line medications such as Tylenol and anti-inflammatories. In addition, the previous Utilization Review determination noted that the claimant had been on Ultram for some time and recommended a decreased quantity of the medication be provided as to allow for weaning of the medication. To continue to provide the same medication despite the fact that the claimant continues to have significant subjective complaints and abnormal physical exam objective

findings would not be considered medically necessary. Therefore, based on the documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines, the request for Ultram Extended Relief 150 mg, dispense #60 cannot be considered medically necessary.