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| Case Number: | CM14-0054926 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 04/01/2003 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 04/08/2014 |
| Priority: | Standard | Application Received: | 04/24/2014 |

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 Physical Medicine and Rehabilitation, 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:

This is a male patient with a date of injury of April 1, 2003. A utilization review determination dated April 8, 2014 states Flurbiprofen 20% Cyclobenzaprine 10% Menthol 4% cream 180gm, Tramadol 100 mg #200 modified to #150 for tapering, and a stationary bike is not medically necessary and appropriate. A progress note dated March 20, 2014 identifies subjective complaints of new injuries that have not been evaluated, the patient indicates that he is taking Tramadol which is helping reduce the pain. The injured worker is not attending therapy, has increased pain with popping and locking of the left knee, increase spasms of the left leg muscles above and below the knee, pain, stiffness, and swelling of the left ankle. Physical examination identifies crepitus medially, laterally, and under the left knee patella. Diagnoses included fracture of the proximal left tibia, left ankle ligamentous injury, left chest contusion, laceration of the forehead and left leg, head contusion, bucket handle tear of the lateral left knee meniscus, left knee medial meniscus tear, degenerative joint disease of the left knee, and status post arthroscopy of the left knee with partial medial and lateral meniscectomy. The treatment plan recommends Flurbiprofen 20% Cyclobenzaprine 10% Menthol 4% cream 180 gm, Tramadol 100 mg #200 physical therapy three times per week for 8 - 10 sessions, and a stationary bike for home exercise to increase and maintain range of motion in the left knee and left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100mg #200: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-79 of 127.

Decision rationale: Regarding the request for tramadol 100mg #200, MTUS Chronic Pain Medical Treatment Guidelines state that tramadol is a synthetic opioid pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved of function and pain. Within the documentation available for review, there is no indication that the tramadol is improving the patient's function (in terms of specific objective functional improvement) or pain (in terms of reduced NRS, or percent reduction in pain), no documentation regarding side effects, or discussion regarding aberrant use therefore, the request for tramadol 100mg #200 is not medically necessary.

1 Stationary Bike: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46-47 of 127.

Decision rationale: Regarding the request for a stationary bike, Occupational Medicine Practice Guidelines support the use of aerobic activity to avoid deconditioning. ODG states that exercise is recommended, they go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. Additionally, there is no statement indicating how the requested stationary bike will improve the patient's ability to perform a home exercise program, or that the patient has been instructed in the appropriate use of such equipment to decrease the chance of further injury therefore, the request for a stationary bike is not medically necessary.

Flurbiprofen/Cyclobenzaprine/Menthol 20%/10%/4% cream 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding request for a topical compound of Flurbiprofen 20% Cyclobenzaprine 10% Menthol 4% cream 180gm. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not medically necessary. Regarding the use of topical nonsteroidal anti-inflammatory guidelines state that in clinical trials for this treatment, modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st and 2nd week of treatment of osteoarthritis. According to the guidelines, topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. There is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no guideline support for topical muscle relaxants therefore, the current request for Flurbiprofen 20% Cyclobenzaprine 10% Menthol 4% cream 180gm is not medically necessary.