

<b>Case Number:</b>	CM14-0060156		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/29/2014
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Occupational Medicine 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 47-year-old male who was injured on 01/29/2014. The mechanism of injury is unknown. Prior treatment history has included knee brace. Progress report dated 03/26/2014 states the patient complained of left knee pain, right ankle and left ankle pain with associated throbbing and stabbing pain. The pain is aggravated with prolonged sitting and walking or repetitive movements. Objective findings on exam revealed 3+ tenderness of the left anterior knee and posterior knee. There is muscle spasm of the anterior knee. There is also +3 tenderness to palpation of the anterior ankle with muscle spasm of the calf. Diagnoses are left knee sprain/strain, left ankle sprain/strain, and right ankle sprain/strain. Treatment plan included re-evaluation on 02/11/2014 and MRI of the left knee without contrast. Prior utilization review dated 04/11/2014 states the requests for retrospective topical Flurbiprofen 20%/Tramadol 20% in Medi-Derm base for 72 hour supply; 30 gm (DOS: 03/26/2014) and retrospective topical Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in Medi-Derm base for 72 hour supply; 30gm (DOS: 03/26/2014), retrospective urine drug screen (DOS: 03/26/2014) are denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: Topical Flurbiprofen 20%/Tramadol 20% in Mediderm Base for 72 hour supply; 30 gm (DOS: 03/26/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 112.

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

**Decision rationale:** According to MTUS guidelines, Tramadol is not specifically recommended for topical application. Topical analgesics are typically recommended for neuropathic pain when oral medications have failed. In this case, the patient is already prescribed an oral opioid; there is no neuropathic pain; the patient has not failed oral Tramadol; topical Tramadol is not supported by guidelines. Medical necessity is not established.

**RETRO: Topical Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in Mediderm Base for 72 hour supply; 30gm (DOS: 03/26/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 112.

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

**Decision rationale:** According to MTUS guidelines, Gabapentin is not recommended for topical application, as there is no evidence to support its use. Further, the patient has not failed oral medications and does not have neuropathic pain. Medical necessity is not established.

**RETRO: Urine Drug Screen (DOS: 03/26/2014): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines - Urine Drug Testing (UDT), Opioids, screening tests for risk of addiction & misuse; Opioids, tools for risk stratification & monitoring; Opioids, indicators for addiction & misuse; Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

**Decision rationale:** According to the CA MTUS and Official Disability Guidelines (ODG), urine drug testing is recommended as an option to assess for the use or the presence of illegal drugs or to monitor compliance with the prescribed medications. It is not generally recommended in acute treatment settings. It may be indicated prior to initiating chronic opioid therapy. The patient has recently established care, and opioid treatment has been initiated. Medical necessity is established.