

<b>Case Number:</b>	CM14-0063347		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/01/2006
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 53-year-old female who reported an injury on 09/01/2006, due to an unknown mechanism of injury. The injured worker complained of pain to her neck rated 6/10, left wrist rated 6/10, right knee rated 7/10, left knee rated 6/10, and right foot rated 5/10. On 04/28/2014, the physical examination revealed range of motion deficits with flexion at 20 degrees, extension at 25 degrees, rotation (right) at 60 degrees, rotation (left) at 50 degrees, lateral flexion (right) at 15 degrees, lateral flexion (left) at 20 degrees. She had a positive Spurling's test bilaterally. There was tenderness over the ulnocarpal articulation of the right wrist. She had tenderness over the medial joint line in the left knee. There were no diagnostic studies submitted for review. The injured worker had diagnoses of cervical spondylosis, right wrist ganglion cyst, right wrist triangular fibrocartilage complex tear, right wrist sprain/strain, post left knee arthroscopy, left knee osteoarthritis/degenerative joint disease, and left knee medial and lateral meniscal tear. The past treatment methods included physical therapy, a left wrist partial synovectomy and chondroplasty on 03/08/2014, and a home exercise program. The injured worker's medications included topical creams, tramadol, and Prilosec 20 mg. The physician was requesting the medications for the injured worker to assist in reducing or aid in resolving her signs and symptoms. The request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec (Omeprazole) 20mg, #80:** 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 PPI-proton pump inhibitors Page(s): 69.

**Decision rationale:** The injured worker has a history of pain in the neck, left wrist, both knees, and right foot. The CA MTUS guidelines state that patients with serious upper GI events may stop the NSAID, and switch to a different NSAID, or consider a PPI proton-pump inhibitor. The requesting physician did not provide documentation to include an indication of negative upper GI events to justify the need for the proposed medication. There are no gastrointestinal symptoms noted upon examination, The efficacy of the medication is not demonstrated. In addition, the frequency was not provided with the request. Given the above, the request for Prilosec (Omeprazole) 20 mg, #80 is non-certified.

**Tramadol ER 150mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

**Decision rationale:** The injured worker has a history of pain in the neck, left wrist, both knees, and right foot. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regard to activities of daily living, appropriate medication use and/or aberrant drug-taking behaviors, and adverse side effects. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The requesting physician did not provide documentation including an adequate and complete assessment to include functional benefits, side effects, pain relief, and aberrant behavior. An adequate and complete assessment of the injured worker's pain was not provided. In addition, the frequency for the proposed medication was not provided. Given the above, the request for Tramadol ER 150 mg, #60 is non-certified.

**TGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%), 180gm:** 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): 111-112.

**Decision rationale:** The injured worker has a history of pain in the neck, left wrist, both knees, and right foot. The CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Gabapentin is not recommended as there is no peer-reviewed literature to support its use for topical application. There is no rationale indicating why the injured worker would require a topical cream versus oral medication. The request does not specify the location for application of the proposed cream. There is not documentation indicating the injured worker did not respond to or was intolerant of other treatments. The proposed cream contains gabapentin, which is not recommended. In addition, the frequency for the proposed medication was not included in the request. Given the above, the request for TGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%), 180gm is non-certified.

**FluriFlex (Flurbiprofen 10%. Cyclobenzaprine 10%), 180gm: 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): 111-112.

**Decision rationale:** The injured worker has a history of pain in the neck, left wrist, both knees, and right foot. The CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines recommend the use of topical NSAIDs for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). The guidelines indicate there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines note there is no evidence for use of any other muscle relaxant as a topical product. There is no rationale to indicate why the injured worker would require topical creams versus oral medication. There is a lack of documentation indicating the injured worker has a diagnosis of osteoarthritis or tendinitis, in particular, to an area which is amenable to topical treatment. The guidelines do not recommend the use of muscle relaxants for topical application. The request does not specify the location for the application of the topical cream. In addition, the frequency for the proposed medication was not included in the request. Given the above, the request for FluriFlex (Flurbiprofen 10%. Cyclobenzaprine 10%), 180 gm is non-certified.