

<b>Case Number:</b>	CM14-0068788		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 45 year-old male was reportedly injured on November 19, 2012. The mechanism of injury is noted as obtaining the injury while swinging a hammer. The most recent progress note, dated January 14, 2014, indicates that there were ongoing complaints of knee pain. The physical examination demonstrated a 5'7", 185 pound individual who has no gross deformity of the right knee, there was no palpable effusion, and there are well healed arthroscopic portals. There is no evidence of laxity or intra-articular pathology at the time of evaluation. Diagnostic imaging studies objectified that there was no acute osseous abnormalities identified. Previous treatment includes arthroscopic surgery, physical therapy, multiple medications, steroid injections, and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on April 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded: Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%, 240gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not suggested". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. When noting the date of injury, the injury sustained, the surgical intervention completed, and the current physical examination reported, there is no demonstrated efficacy or utility with medication. As such, this is not medically necessary.

**Compounded: Flurbiprofen 15%, Cyclobenzaprine 02%, 240gm: Upheld**

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

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

**Decision rationale:** MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. The chronic pain treatment guidelines further state that the use of topical muscle relaxers, including cyclobenzaprine, is not recommended. Therefore, when noting the injury and the finding a physical examination, there is no data presented to support any efficacy or utility of this medication in terms of increased functionality. As such, this request is not considered medically necessary.

**Retrospective Request for Compounded: Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%, 10mg 240gm DOS 04/08/2014: Upheld**

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

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

**Decision rationale:** MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. The chronic pain treatment guidelines further state that the use of topical muscle relaxers, including cyclobenzaprine, is not recommended. Therefore, when noting the injury and the finding a physical examination, there is no data presented to support any efficacy or utility of this medication in terms of increased functionality. As such, this request is not considered medically necessary.

**Retrospective request for 2 bottles of Naproxen 550mg, QTY: 60, DOS 04/08/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 & 73.

**Decision rationale:** As noted in the MTUS, this non-steroidal medication is indicated for the relief of signs and symptoms associated osteoarthritis. When noting the reported mechanism of injury, the findings noted at arthroscopy, and the current physical examination, there is no clinical indication presented for the ongoing use of this medication. As such, this is not medically necessary.

**Retrospective request for 2 bottles of Protonix 20mg, QTY: 60, DOS 04/08/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** This is a proton pump inhibitor useful in the treatment gastroesophageal reflux disease. This can also be used as a gastric protectorate against those individuals taking non-steroidal medications. However, when noting the date of injury and that there are no complaints of gastrointestinal distress noted in the progress notes reviewed, there is insufficient clinical information presented to suggest there is any clinical indication for this medication. As such, this is not medically necessary.

**Retrospective request for 2 bottles of Flexeril 7.5mg, QTY: DOS 04/08/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41 and 46.

**Decision rationale:** This is a skeletal muscle relaxant medication. The injury sustained was a meniscal tear requiring arthroscopy. There is no indication of any muscle spasm. Furthermore, as outlined in the MTUS, there is no clinical indication or support for chronic or indefinite use of this type of medication. As such, based on the clinical information presented for review tempered by the parameters outlined in the MTUS, this is not medically necessary.

**Retrospective request for 2 bottles of Norco 10/325mg, QTY: 60, DOS 04/08/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, and 91.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The claimant has chronic pain after a work-related injury; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.

**Retrospective request for Ambien 10mg, QTY: 30, DOS 04/08/2014:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, updated October 2014

**Decision rationale:** MTUS/ACOEM practice guidelines do not address this request; therefore ODG was used. Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. As such, this request is not medically necessary.

**Retrospective request for Tramadol/L-Carnitine 40/125mg, QTY: 90, DOS 04/08/2014:** Upheld

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

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

**Decision rationale:** MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". There is no clinical indication presented that oral vacations cannot be used to address the pain complaints. As such, this request is not considered medically necessary.