

<b>Case Number:</b>	CM14-0082395		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 54-year-old male with a 12/14/09 date of injury. At the time (4/9/14) of the request for authorization for Flurbiprofen 20%/Tramadol 20% in mediderm base 30 gm; Gabapentin 10%/Dexomethorphan 10%/Amitriptylene 10% in mediderm base 30 grams 72 hour supply given to patient; Flurbiprofen 20%/Tramadol 20% in mediderm base 240 gm; Gabapentin 10%/Dexomethorphan 10%/Amitriptylene 10% in mediderm base 240 gm; Naproxen 550mg #60, Omeprazole 20mg #60, Condrolite 500/200/150 mg #90; and Cyclobenzaprine 7.5 mg #60, there is documentation of subjective (occasional to intermittent severe dull, achy, sharp right knee pain, stiffness, numbness and cramping becoming sharp, stabbing severe pain radiating to right foot with numbness and tingling) and objective (bruising, swelling present at the right knee; tenderness to palpation of the anterior knee and posterior knee; muscle spasm of the anterior knee; and McMurray's causes pain) findings, current diagnoses (right knee internal derangement, right knee sprain/strain, and status post surgery, right knee), and treatment to date (brace and chiropractic treatment). Regarding Flurbiprofen 20%/Tramadol 20% in mediderm base 30 gm and Flurbiprofen 20%/Tramadol 20% in mediderm base 240 gm, there is no documentation that trials of antidepressants and anticonvulsants have failed. Regarding Naproxen 550mg #60, there is no documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain. Regarding Omeprazole 20mg #60, there is no documentation of a risk for a gastrointestinal event. Regarding Condrolite 500/200/150 mg #90, there is no documentation of moderate arthritis pain. Regarding Cyclobenzaprine 7.5 mg #60, there is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain and the intention to treat over a short course (less than two weeks).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/Tramadol 20% in mediderm base 30 gm:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of right knee internal derangement, right knee sprain/strain, and status post surgery, right knee. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen 20%/Tramadol 20% in mediderm base 30 gm is not medically necessary.

**Gabapentin 10%/Dexomethorphan 10%/Amitriptylene 10% in mediderm base 30 grams 72 hour supply given to patient:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar spine right-sided facet syndrome; bilateral knee internal derangement; lumbar disc bulges at L3-4, L4-5, and L5-S1, and anterolisthesis of L5-S1, per MRI of 4/18/14; and internal derangement of the right knee with distal patellar tendinosis, per MRI of 4/18/14. However, the requested Gabapentin 10%/Dexomethorphan 10%/Amitriptylene 10% in mediderm base 30 grams 72 hour supply given to patient contains at least one drug (Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 10%/Dexomethorphan 10%/Amitriptylene 10% in mediderm base 30 grams 72 hour supply given to patient is not medically necessary.

**Flurbiprofen 20%/Tramadol 20% in mediderm base 240 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Page(s): 111.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of right knee internal derangement, right knee sprain/strain, and status post surgery, right knee. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen 20%/Tramadol 20% in mediderm base 240 gm is not medically necessary.

**Gabapentin 10%/Dexamethorphan 10%/Amitriptylene 10% in mediderm base 240 gm:**  
Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar spine right-sided facet syndrome; bilateral knee internal derangement; lumbar disc bulges at L3-4, L4-5, and L5-S1, and anterolisthesis of L5-S1, per MRI of 4/18/14; and internal derangement of the right knee with distal patellar tendinosis, per MRI of 4/18/14. However, the requested Gabapentin 10%/Dexamethorphan 10%/Amitriptylene 10% in mediderm base 240 gm contains at least one drug (Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 10%/Dexamethorphan 10%/Amitriptylene 10% in mediderm base 240 gm is not medically necessary.

**Naproxen 550mg #60, Omeprazole 20mg #60, Condrolite 500/200/150 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-Inflammatory Page(s).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) NSAIDs, GI symptoms & cardiovascular risk, Glucosam. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** Regarding Naproxen, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Regarding Omeprazole, MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Regarding Condrolite, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate arthritis pain as criteria necessary to support the medical necessity of glucosamine/chondroitin. Within the medical information available for review, there is documentation of diagnoses of lumbar spine right-sided facet syndrome; bilateral knee internal derangement; lumbar disc bulges at L3-4, L4-5, and L5-S1, and anterolisthesis of L5-S1, per MRI of 4/18/14; and internal derangement of the right knee with distal patellar tendinosis, per MRI of 4/18/14. Regarding Naproxen, there is no documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain. Regarding Omeprazole, there is no documentation of a risk for a gastrointestinal event. Regarding Condrolite, there is no documentation of moderate arthritis pain. Therefore, based on guidelines and a review of the evidence, the request for Naproxen 550mg #60, Omeprazole 20mg #60, Condrolite 500/200/150 mg #90 is not medically necessary.

**Cyclobenzaprine 7.5 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of right knee internal derangement, right knee sprain/strain, and status post surgery, right knee. However, there is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain. In addition, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5 mg #60 is not medically necessary.

