

<b>Case Number:</b>	CM14-0093652		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/25/2001
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 63-year-old male who reported an injury on 08/25/2001 due to a slip and fall. The injured worker's diagnoses were status post right knee arthroscopy, right knee medial meniscal tear, right knee arthrosis, left knee internal derangement with degenerative joint disease, status post left knee arthroscopy with chondral debridement, synovectomy, partial medial meniscal debridement, and status post left knee arthroscopy. Past diagnostics include MRI, and x-rays. The injured worker's surgical history includes surgery on the right knee 03/04/1998. Prior treatment included medications, injections, topical medications, Synvisc injections and physical therapy. The injured worker complained of ongoing right and left knee pain rating the severity of the pain at 7/10 on the pain scale. On physical examination dated 04/15/2014, there was severe tenderness in the medial and lateral aspect of the bilateral knees. McMurray's test, Lachman, and drawer tests were positive. The injured worker's medications were tramadol cream to affected area, tramadol/Ultracet, and tramadol/gabapentin hot topical cream. The care provider's treatment plan was for tramadol/APAP every 6 to 8 hours as needed for pain relief and transdermal cream FluriFlex then layer to affected area twice daily. The request is for prescription of tramadol/APAP and TGHOT. The rationale for the request was not submitted with documentation. The request for authorization form was submitted with documentation provided for review dated 12/31/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Tramadol/ APAP 37.5/ 325 mg. # 100: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Maintenance Page(s): 78.

**Decision rationale:** The request for 1 prescription of tramadol/APAP 37.5/325 mg #100 is non-certified. The injured worker complained of ongoing right and left knee pain rating the severity of the pain at 7/10 on the pain scale. According to California MTUS the ongoing management of patients taking opioids medications should include office visits and detailed documentation of the extent of pain relief, functional status in regards 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 the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for the pain relief, and how long the pain relief lasts. There was lack of documentation as to whether the documented pain score was before taking pain medication or after taking pain medication. There is no documentation as to the increased ability to perform his activities of daily living with the use of the medication, and additionally there was no documentation of adverse side effects with the use of an opioid. Additionally, the request failed to include the frequency of the medication. Therefore, the lack of evidence of increase functional, activity of daily living with opioids, and the frequency of the medication, the request for tramadol/APAP 37.5/325 mg #100 is not medically necessary.

**1 prescription for TGHOT # 240 GM.: Upheld**

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

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

**Decision rationale:** The request for 1 prescription of TGHOT #240 grams is non-certified. The injured worker complained of ongoing right and left knee pain rating the severity of the pain at 7/10 on the pain scale. According to the California MTUS topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that compound products that contain at least 1 drug that is not recommended then the whole compound is not recommended. However, there is lack of documentation indicating that the injured worker had tried and failed antidepressants or anticonvulsants prior to the use of topical analgesics. Therefore, the use of topical analgesics is not supported. Moreover, the topical cream requested contains tramadol and gabapentin. As per guidelines, gabapentin is not recommended to be used topically due to there is no peer-reviewed literature to support the use. Furthermore, the request fails to provide the frequency and

instructions for use including the body location the ointment is to be applied to. In addition, the requested topical cream contains ingredients that are not supported by guidelines. For the reasons noted above, the request of TGHot #240 grams is not medically necessary.