

<b>Case Number:</b>	CM15-0186480		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 46-year-old male, with a reported date of injury of 03-12-2010. The diagnoses include lumbar intervertebral disc disorder with myelopathy, sciatica, knee arthroscopic surgery, tear of medial cartilage or meniscus of knee, and status post right knee arthroscopy. Treatments and evaluation to date have included pain medication. The names of the injured worker's current medications were not indicated. The diagnostic studies to date have not been included in the medical records. The progress report dated 09-04-2015 indicates that the injured worker complained of bilateral anterior knee, bilateral anterior leg, bilateral shin, bilateral ankle, bilateral foot, bilateral posterior knee, bilateral sacroiliac, bilateral buttock, bilateral pelvic, bilateral posterior leg, and bilateral calf pain. The injured worker rated the discomfort 8 out of 10 approximately 90% of the time. The pain at its worst was rated 9 out of 10, and at its best 7 out of 10. The injured worker also had numbness and tingling approximately 80% of the time. The treating physician noted that the injured worker "feels better with pain medication, home exercise and rest." The objective findings include tenderness to palpation at the lumbar, bilateral sacroiliac, bilateral buttock, and bilateral posterior leg; decreased lumbar range of motion; tenderness to palpation of the medial joint line with crepitus and swelling; decreased bilateral knee range of motion; and positive bilateral McMurray's. The treating physician prescribed Capsaicin-Tramadol-Cyclobenzaprine-Menthol-Gabapentin topical medication, Lidoderm patches to be applied over the affected area as needed for pain, and a urine drug test; and recommended an MRI of the right knee due to persistent deterioration of the right knee. The injured worker was totally temporarily disabled for 45 days. The request for

authorization was dated 09-04-2015. The treating physician requested an MRI of the right knee, CAPS-STGC (Capsaicin 0.0375%, Tramadol 8%, Cyclobenzaprine 4%, Menthol 5%, Gabapentin 10%) 180 grams, Lidoderm patches, and urine drug testing. On 09-10-2015, Utilization Review (UR) non-certified the request for an MRI of the right knee, CAPS-STGC (Capsaicin 0.0375%, Tramadol 8%, Cyclobenzaprine 4%, Menthol 5%, Gabapentin 10%) 180 grams, Lidoderm patches, and urine drug testing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and leg chapter.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI Topic.

**Decision rationale:** Regarding the request for MRI right knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, there is documentation of ongoing knee pain with a positive McMurray's test and pain over the medial joint line, which is consistent with known diagnosis of meniscal injury. However, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation of when the previous MRI of the knee was completed, and how the patient's subjective complaints and objective findings have changed since the time of the previous MRI of the right knee. In the absence of clarity regarding those issues, the currently requested MRI of the right knee is not medically necessary.

**CAPS-STGC (Capsaicin 0.0375%, Tramadol 8%, Cyclobenzaprine 4%, Menthol 5%, Gabapentin 10%) 180 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** With regard to the request for a compounded topical cream, the CPMTG state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. In this case, the topical tramadol is not recommended, as there is a paucity of evidence to support its clinical efficacy. Neither the CA

MTUS, ACOEM, or ODG have any provisions for this topical compound. Given this, the current request is not medically necessary.

**Lidoderm Patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. As such, the currently requested Lidoderm is not medically necessary.

**Urine drug testing:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, dealing with misuse & addiction, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation of prescription of controlled substances. Although no clear risk factor assessment, such as the utilization of the Opioid Risk Tool or SOAPP is apparent in the records, periodic urine drug testing is indicated. Although the tramadol is felt not be medically necessary at this juncture, the weaning process would require that the worker remain on this drug for some time. During this time, it is medically appropriate to continue random drug testing. Given this, this request is medically necessary.