

Case Number:	CM15-0207658		
Date Assigned:	10/26/2015	Date of Injury:	06/08/2014
Decision Date:	12/31/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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: Preventive Medicine, Occupational Medicine

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(n) 31 year old female, who sustained an industrial injury on 6-8-14. The injured worker was diagnosed as having lumbar sprain, right knee sprain and tear of the lateral meniscus of the right knee. Subjective findings (7-1-15, 7-29-15) indicated 7 out of 10 pain in the lower back and right knee with medications and 8 out 10 pain without medications. Objective findings (7-1-15, 7-29-15) revealed tenderness to palpation of the right anterior, lateral, posterior and medial knee. As of the PR2 dated 8-6-15, the injured worker reports constant pain in her right knee with swelling and constant lower back pain. She is not currently working. Objective findings include tenderness to palpation over the right knee medial and lateral joint lines, right knee flexion is 105 degrees and extension is 0 degrees and a positive McMurray's test. Treatment to date has included Naproxen, Tramadol-Acetaminophen (since at least 7-1-15), Omeprazole and Cyclobenzaprine (since at least 7-1-15). The Utilization Review dated 10-13-15, non-certified the request for Cyclobenzaprine 7.5mg #60, Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Camphor 2% and Menthol 2% in salt stable LS base 240g, Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, and Panthenol 0.5% in salt stable LS base 240g and a right knee MRI and modified the request for Tramadol 37.5-325mg #60 to Tramadol 37.5-325mg #13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 3 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of a narcotic. Tramadol 37.5/325mg #60 is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Cyclobenzaprine 7.5mg #60 is not medically necessary.

Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Camphor 2% and Menthol 2% in salt stable LS base 240g: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Camphor 2% and Menthol 2% in salt stable LS base 240g is not medically necessary.

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, and Panthenol 0.5% in salt stable LS base 240g: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, and Panthenol 0.5% in salt stable LS base 240g is not medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, MRIs (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. No red-flag indications are present in the medical record. Routine use of MRI for follow-up of asymptomatic patients is not recommended. Detailed evidence of severe and/or progressive deficits has not been documented. The patient has previously undergone an MRI of the right knee that revealed a torn meniscus. There is no documentation of significant change to the right knee since the last MRI. MRI of the right knee is not medically necessary.