

<b>Case Number:</b>	CM15-0046608		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 (IW) is a 28 year old female who sustained an industrial injury on 02/28/2011. She reported right knee pain after suddenly moving back to avoid falling shelves. Her knee popped and the shelves fell on her. She had immediate knee pain that persisted. The injured worker was diagnosed as having right knee anterior cruciate ligament tear; right knee lateral meniscus tear; and right knee possible medial meniscus tears. Treatment to date has included physical therapy. According to notes of 01/22/2014, the worker has back pain muscle spasms and radicular pain that developed after compensating with the right knee. Currently, the injured worker complains of ongoing right knee pain, swelling, giving way, and laxity of the knee. On examination the knee was tender to palpation over the medial and lateral joint line on the right with mild effusion in the right knee. McMurray with internal and external rotation, Lachman's 30 degrees, Anterior Drawer Test and Pivot Shift test-ACL are all positive on the right. Surgery was recommended for the right knee. On 02/09/2015 Requests for authorization were made for the following: 1. Flurbiprofen 20%/Tramadol 20% 240gm, 2. Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 240gm, 3. Prilosec 20mg and 4. Ibuprofen 800mg

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/Tramadol 20% 240gm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**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.

**Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 240gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, the topical gabapentin component is not recommended, and the entire formulation is not medically necessary.

**Prilosec 20mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

**Decision rationale:** In this request, there is controversy over whether a PPI is warranted in this worker's treatment regimen. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. Given this, this request is not medically necessary.