

Case Number:	CM15-0054495		
Date Assigned:	03/27/2015	Date of Injury:	11/14/2011
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 65-year-old female, who sustained an industrial injury on 11/14/2011. She has reported injury to the right shoulder, right knee, and low back. The diagnoses have included right knee arthritis and grade III chondromalacia; right knee status post meniscectomy; right shoulder status post rotator cuff repair; and lumbar spine arthritis. Treatment to date has included medications, diagnostics, and surgical intervention. A progress note from the treating physician, dated 04/24/2014, documented a follow-up visit with the injured worker. The injured worker reported right knee pain; motion is becoming worse; and she is progressively having more difficulty. Objective findings included tenderness and pain on examination of the right knee; decreased range of motion and a large effusion; and she can barely walk across the office. The treatment plan has included consideration for surgery; prescription for an anti-inflammatory cream; and follow-up evaluation in six weeks. Retrospective request is for Flurbiprofen/Cyclobenzaprine/Gabapentin/Tramadol DOS: 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen/Cyclobenzaprine/Gabapentin/Tramadol DOS 4/24/14, unknown length of need in MD note: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: Retrospective request for Flurbiprofen/Cyclobenzaprine/Gabapentin / Tramadol DOS 4/24/14, unknown length of need in MD note is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that topical muscle relaxants such as Cyclobenzaprine are not recommended, as there is no peer-reviewed literature to support use. The guidelines do not recommend topical Gabapentin, as there is no evidence in the literature to support the use of this medication. There is no support for topical Tramadol in the MTUS Guidelines. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There are no extenuating circumstances in the documentation to go against guideline recommendations. The MTUS does not support topical Cyclobenzaprine or Gabapentin. Furthermore topical NSAIDs are recommended short term and this request has no duration of need. For all of these reasons the entire request for Flurbiprofen/Cyclobenzaprine/Gabapentin/Tramadol DOS 4/24/14, is not medically necessary.