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| Case Number: | CM15-0057178 | | |
| Date Assigned: | 04/02/2015 | Date of Injury: | 12/22/2014 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 03/12/2015 |
| Priority: | Standard | Application Received: | 03/25/2015 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 60 year old woman sustained an industrial injury on 12/22/2014 to her bilateral upper and lower extremities and body system after tripping over a cement car stop and falling sideways. The worker received immediate treatment at an urgent care center including an injection for pain, her knee was immobilized, she received crutches, and was taken off of work for three days. She had x-rays performed the following day. Later, an MRI of the left knee was performed and resulted as normal. Diagnoses include fracture of left patella, right knee sprain/strain, and lumbosacral spine sprain/strain. Treatment has included oral medications and physical therapy. An AME evaluation dated 2/16/2015 show complaints of pain in the bilateral shoulders rated 4/10, left knee rated 8/10 with instability, right knee pain due to overcompensation, and sleep and lifestyle disturbances due to the pain. Recommendations include laboratory-testing, physical therapy for the lumbar spine and bilateral knees, two topical medications, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGICE (Tramado 8%, Gabapentin 10%, Menthol 2%, Camphor 2%) Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Pain, Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states: There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states regarding topical muscle relaxants: Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for TGICE (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%) Qty 1 is not recommended. The requested treatment is not medically necessary.

Flurbiprofen 20% Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Pain, Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states: There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for Flurbiprofen 20% Qty 1 is not recommended. The requested treatment is not medically necessary.