

<b>Case Number:</b>	CM14-0121544		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/21/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 36-year-old female who reported an injury on 12/21/2013. The mechanism of injury was not provided for clinical review. The diagnoses included sprain and strain of the knee and leg; sprain and strain of unspecified parts of the back, lumbar spine. The previous treatments included medication, physical therapy, and surgery. The diagnostic testing included an MRI. Per the clinical note dated 06/11/2014, it was reported the injured worker complained of knee pain. On the physical examination, the provider noted range of motion was extension at 140 degrees. The range of motion was full extension to 140 degrees of flexion. Medication regimen included Actos, cyclobenzaprine, flurbiprofen, metformin, tramadol, and Tylenol. The provider requested cyclobenzaprine powder, gabapentin powder, flurbiprofen powder, and tramadol powder. However, a rationale was not provided for clinical review. The request for authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Cyclobenzaprine powder 12 gm (DOS 6-16-14): 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 Muscle Relaxants Page(s): 63,64.

**Decision rationale:** The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 01/2014 which exceeds the guideline's recommendations of short term use of 2 to 3 weeks. Therefore, the retrospective request for Cyclobenzaprine Powder 12 grams (date of service 06/16/2014) is not medically necessary.

**Retro: Gabapentin powder 12 gm (DOS 6-16-14): 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 Gabapentin, Page(s): 49.

**Decision rationale:** The California MTUS Guidelines note that gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered for first-line treatment of neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the retrospective request for gabapentin powder 12 grams (date of service 06/16/2014) is not medically necessary.

**Retro: Flurbiprofen powder 30 gm (DOS 6-16-14): 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 NSAIDs Page(s): 72,111-112.

**Decision rationale:** The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendinitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use for 4 to 12 weeks. Flurbiprofen is recommended for osteoarthritis and mild to moderate pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the treatment efficacy. The request submitted failed to provide the frequency of the medication. Therefore, the retrospective request for Flurbiprofen powder 30 grams (date of service 06/16/2014) is not medically necessary.

**Retro: Tramadol powder 30 gm (DOS 6-16-14): 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 Opioids, criteria for use, On-Going Management, Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the retrospective request for Tramadol powder 30 grams (date of service 06/16/2014) is not medically necessary.