

<b>Case Number:</b>	CM14-0131816		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 33 year old male with a reported date of injury on 06/07/2012. The mechanism of injury was not documented in the records. The diagnoses included cervical chronic sprain, right medial meniscus tear, lumbar pain, and anxiety. The past treatment has been pain medication. There were no diagnostics submitted with the records. On 07/22/2014, the subjective complaints were pain to the low back, right and left knee pain. The physical examination findings noted lying straight leg raise of positive 60 degrees for both right and left leg. The medications were Prilosec, Tramadol, Prozac, Xanax, Naprosyn, Gabapentin and topical cream of Ketoprofen, Gabapentin and tramadol. The plan was to continue medications. The rationale was to provide pain relief. The request for authorization form is dated 08/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14,16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The request for Prozac 20mg is not medically necessary. The California MTUS guidelines state tricyclic antidepressants are to be used as first line therapy and are recommended over selective serotonin reuptake inhibitors (SSRIs). The injured worker had pain to the low back, right and left knee pain. However there is no evidence in the notes that the injured worker had been on a tricyclic antidepressant as first line therapy. Additionally it has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain and more information is needed regarding the role of SSRIs and pain. Since there is not sufficient studies to support SSRIs for the use of pain the request is not medically necessary.

**Topical Creams; Ketoprofen, Gabapentin, and Tramadol Qty:1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for ketoprofen, Gabapentin, Tramadol compound cream qty 1.00 is not medically necessary. The California MTUS guidelines state that primarily recommended for neuropathic pain and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In regards to Gabapentin, it is not recommended for topical use as there is no peer-reviewed literature to support use. In regards to Ketoprofen, it is not currently FDA approved for a topical application and has an extremely high incidence of photo contact dermatitis. Since the compound cream contains Gabapentin and Ketoprofen, which are not recommended, the compound is also not supported. As such, the request is not medically necessary.