

<b>Case Number:</b>	CM14-0183921		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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:

This is a patient with a date of injury of 7/31/12. A utilization review determination dated 10/30/14 recommends non-certification of naproxen, hydrocodone, topical medication, and UDS. 10/9/14 medical report identifies left knee pain radiating into the back of the thigh 7/10. The patient also complains of "a sleep disorder, anxiety, and depression." Current medications are Humalog and Lantus. On exam, there is tenderness, limited left knee ROM, and positive varus stress test and McMurray's on the left. Recommendations include UDS, naproxen, hydrocodone, and a topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines nonsteroidal anti-inflammatory.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the patient

was seen for the first time by the provider and was not taking any medication for pain. There were complaints of knee pain radiating into the posterior thigh rated at 7/10. A short course of Naproxen is appropriate, although ongoing use will necessitate routine evaluation and documentation of pain relief, functional improvement, and side effects. In light of the above, the currently requested Naproxen is medically necessary.

**Hydrocodone 5/325mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

**Decision rationale:** Regarding the request for hydrocodone, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. Within the documentation available for review, the patient was seen for the first time by the provider and was not taking any medication for pain. There were complaints of knee pain radiating into the posterior thigh rated at 7/10. A short course of hydrocodone is appropriate, although ongoing use will necessitate routine evaluation and documentation of pain relief, functional improvement, appropriate medication use, and side effects. In light of the above, the currently requested hydrocodone is medically necessary.

**Flubiprofen 20%, Tramadol %15, Methole 2%, Camphor 2%, Capsaicin 0.025%, a 250 gram tube:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for flubiprofen/tramadol/menthol/camphor/capsaicin, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "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. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the requested flubiprofen/tramadol/menthol/camphor/capsaicin is not medically necessary.

**UA toxicology screen (retrospective DOS 10/9/14):** Overturned

**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 Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

**Decision rationale:** Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider saw the patient for the first time and prescribed an opioid to manage the patient's pain. Baseline toxicology testing is appropriate, with any requests for repeat testing based on risk stratification and following the schedule outlined above. In light of the above, the currently requested urine toxicology test is medically necessary.

**Follow-up visit:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits

**Decision rationale:** Regarding the request for a follow-up visit, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant reevaluation for efficacy and continued need. In light of the above issues, the currently requested follow-up visit is not medically necessary.