

<b>Case Number:</b>	CM15-0116017		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	10/29/2009
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: New York

Certification(s)/Specialty: Emergency 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 57 year old female who sustained an industrial injury on October 29, 2009. She reported right ankle, back and right hand pain. The injured worker was diagnosed as having status post right knee operative arthroscopic partial medial and lateral meniscectomies And chondroplasty in 2010, status post right wrist arthroscopy with arthroscopic partial synovectomy and ganglion cyst excision in 2011, internal derangement /degenerative joint disease of the right knee, status post lateral ligament injury of the right ankle with residual anterolateral soft tissue impingement, right posterior tibial insufficiency, degenerative joint disease of the right hip (non-industrial) and right plantar fasciitis. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the right knee and right wrist, physical therapy, acupuncture, chiropractic care, orthovisc injections to the right knee, right sided foot injection, sacroiliac joint injections, medications and work restrictions. Currently, the injured worker complains of continued right knee pain with associated tenderness, weakness, popping and feelings of giving way and pain and weakness radiating down to the right foot and up to the right hip, pain, tenderness, deformity and weakness of the right ankle and foot and right wrist pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 20, 2014, revealed continued pain as noted. She noted she was injured in 2009 when she fell when pushing a chair back while working at an adult day care. She injured her right ankle and back. On January 6, 2010, she fell on some stairs while turning to say bye to a patient she had dropped off and injured her low back and right knee. It was noted she

was prescribed Ketoprofen on October 10, 2011 and was noted to have continued wrist arthralgia. On May 1, 2012, she continued to have wrist pain and ankle pain with associated symptoms as noted. Evaluation on May 14, 2015, revealed continued pain with associated symptoms as noted. She reported 50% pain relief with Tramadol. She noted the pain was unbearable without pain medications. A trial of Ketoprofen cream was requested. It was noted she had used the cream at an earlier date without significant improvements in the following visits. The provider documented plan for Tramadol BID Disp #90, but request is for Tramadol #120. A prescription of Ketoprofen cream was also requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Tramadol/APAP 37.5/325 MG #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96, 113.

**Decision rationale:** According to the California MTUS guidelines Tramadol is a centrally-acting opioid. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Monitoring systems such as random urine drug screens should be included. Submitted documentation notes the injured worker has used Tramadol for pain control for a long period of time several years. The IW reports 50% improvement in pain with the use of Tramadol. It was noted the injured worker continued to have chronic pain during the period of time while using Tramadol. The chart does not include urine drug screens. The submitted documentation includes a contradiction in prescribing. The provider reported request for 90 tablets, but the submitted request was for 120 tablets. Based on the objective information noted in the provided documentation, the inconsistency with the number requested, and lack of monitoring program, the request for Tramadol/APAP 37.5/325 is not medically necessary.

#### **Unknown Prescription of Ketoprofen Cream: 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.

**Decision rationale:** According to the California MTUS guidelines topical analgesics are primarily recommended for short term use after a trial of a first line oral therapy has failed. The guidelines state that "any compounded product that contains at least one drug class that the FDA does not recommend is not recommended." Ketoprofen cream is not FDA approved and there was no documentation objectively describing a failed first line oral pain medication trial. In addition there was no noted improvement in pain from one visit to the next during an earlier period when the injured worker used Ketoprofen cream. The request does not include the location or frequency of application. The request for Ketoprofen cream is not medically necessary.