

Case Number:	CM15-0119673		
Date Assigned:	06/30/2015	Date of Injury:	12/20/2012
Decision Date:	07/29/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 12/20/12. Initial complaints were of the neck, back, right shoulder and right knee. The injured worker was diagnosed as having right shoulder impingement syndrome; cervical sprain/strain; right knee sprain/strain; lumbar sprain/strain. Treatment to date has included acupuncture; chiropractic therapy; physical therapy; urine drug screening; medications. Diagnostic studies included a MRI of the right knee (3/2/13); MRI right shoulder (7/16/14). Currently, the PR-2 notes dated 6/26/14 indicated the injured worker was seen in this office as an initial orthopedic evaluation. The provider notes the following is his initial evaluation, clinical findings and treatment recommendations. On this date, she complains of neck pain rated at 9/10 and increases with turning her head from side-to-side, flexing and extending the head and neck, reaching or lifting and with prolonged sitting and standing. She also reports continuous pain in her right shoulder with pain level rated at 9/10. The pain increases with rotation, reaching overhead, lifting, carrying, pushing, and pulling. She notes instability with clicking, popping, and grinding sensations. She has swelling, numbness, tingling and burning sensations of the right shoulder. She complains of continuous low back pain rated 9/10. This pain increases with prolonged standing, twisting, walking, lifting, bending, stooping, squatting and lying down on the back. Her pain is accompanied by numbness, weakness, tingling, and burning sensations. She has continuous pain in the right knee that is felt on the backside of her knee or under the kneecaps. The pain is rated 9/10 and varies throughout the day. IT is increased with prolonged walking, or standing, flexing and extending the knee, ascending or descending stairs, squatting, and stooping

with episodes of buckling and giving way. Additionally, there is swelling, popping and clicking type sensation's. on physical examination, there are spasms noted over the lumbar spine with decreased range of motion. Her straight leg raise maneuvers are negative. The right knee is moderately swollen over the knee with medial joint line tenderness. The provider's treatment plan included retrospective request for the medication prescribed (Flurbiprofen/Tramadol HCL duration and frequency unknown) dispensed on 08/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen/Tramadol HCL dispensed on 08/05/14: 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): 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and opioid over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this opioid for this chronic injury without improved functional outcomes attributable to their use. Therefore, the retrospective request for Flurbiprofen/Tramadol HCL (duration and frequency unknown) dispensed on 08/05/14 is not medically necessary and appropriate.