

<b>Case Number:</b>	CM15-0122848		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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 41-year-old female patient who sustained an industrial injury on 04/17/2014. A primary treating follow up visit dated 01/15/2015 reported chief complaint of right knee and ankle pain. The patient described the incident as while practicing baton training she stepped back onto right foot and something snapped and popped in the right knee; the knee buckled causing her to fall with resulting injuries. The patient reported the incident was evaluated and treated with medications, radiography study, and crutches and placed on temporary total disability. The patient was referred for physical therapy and had a magnetic resonance imaging study done. Subsequently on 09/22/2014, she underwent surgical repair of the right knee. She is noted taking Naprosyn. The following diagnoses were applied: sprains/strains of right ankle; tear of lateral and medial meniscus, right knee, and anterior cruciate ligament tear, right knee. She is currently ten weeks out from right knee surgery and is noted progressing along "well". She is to continue with daily home exercises and stretching and was prescribed Norco 5/325mg one every 12 hours as needed. She is released to a modified work position. It is now post 10 months from date of arthroscopic surgery. At a follow up on 06/15/2015 reported the patient currently working a regular duty position. Current medications were: Naproxen and Vicodin. The treating diagnoses were: right knee chondromalacia; right knee lateral collateral sprain/strain, and status post-surgery, right knee. The patient is with recommendation to utilize a hinged knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology testing, Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine toxicology testing, Qty 1 is not medically necessary and appropriate.

**Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethasone Micro, Capsaicin, Hyaluronic acid in a cream base, Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**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 muscle relaxant 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 Capsaicin and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their

use. The Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethasone Micro, Capsaicin, Hyaluronic acid in a cream base, Qty 1 is not medically necessary and appropriate.

**Amitriptyline, Gabapentin, Bupivacine, Hyaluronic acid in a cream base, Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**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 anti-depressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this anti-depressant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Amitriptyline, Gabapentin, Bupivacine, Hyaluronic acid in a cream base, Qty 1 is not medically necessary and appropriate.