

<b>Case Number:</b>	CM15-0173515		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Preventive Medicine, Occupational 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 35 year old male, who sustained an industrial injury on 12-10-2013. The injured worker was diagnosed as having lumbar spine sprain and strain, right shoulder sprain and strain, right elbow sprain and strain, status post right knee arthroscopy with residuals, and right ankle sprain and strain. The request for authorization is for: Transdermal: TGICe (Tramadol 7%, Gabapentin 10%, Menthol 2%, Camphor 2%) 240 gm; Transdermal: Flurbiprofen 20% 240gm; CT scan of the right knee; and Functional capacity evaluation. The UR dated 8-31-2015: non-certified the request for Transdermal: TGICe (Tramadol 7%, Gabapentin 10%, Menthol 2%, Camphor 2%) 240 gm; Transdermal: Flurbiprofen 20% 240gm; CT scan of the right knee; and Functional capacity evaluation. On 6-19-2015, he reported right shoulder pain rated 8 out of 10; right elbow pain rated 6 out of 10; low back pain rated 5 out of 10; right knee pain rated 2 out of 10 which is increased going up stairs to a 6 out of 10 or greater; right ankle pain rated 7 out of 10. He also reported sleep issues due to pain. He reported taking Ultram ER and indicated it to be helpful. Physical findings revealed tenderness with a decreased range of motion in the right elbow and forearm; tenderness, spasms and positive Kemps test in the low back; tenderness and positive McMurray's test with interior rotation of the right knee; tenderness in the right ankle and foot. On 8-7-2015, he reported right shoulder pain which he rated 8 out of 10 on a pain scale. He indicated his pain "is the same". He reported "noticing clicking with overhead movements". He also reported right elbow pain rated 6 out of 10, low back pain rated 6-7 out of 10, right knee pain rated 8 out of 10, right ankle pain rated 7 out of 10. He also indicated he was having problems with falling asleep and waking during the night. He indicated the pain to be aggravated

by prolonged activity. Physical findings revealed antalgic gait favoring the left side, surgical scars to the right ankle and right knee. He is reported to have had right ankle surgery in 2006, and multiple right knee surgeries (2014, 1998); tenderness to the right shoulder area with positive impingement maneuver and Codman drop arm test; tenderness to the right elbow and forearm areas; positive Kemp's test and straight leg raise test for the low back; and the right knee examination revealed tenderness, negative McMurray test with exterior rotation and positive with interior rotation; and tenderness to the right ankle and foot. The provider noted requesting a "CT scan of the right knee to rule out pathology, and functional capacity evaluation to determine what type of functional deficits and capabilities the injured worker has". The treatment and diagnostic testing to date has included: physical therapy, medications, right knee surgery (5-2- 2014), rest, heat, activity modification, ice, and chiropractic treatment, right knee x-ray (7-13- 15).

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

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

**Transdermal: TGICe (Tramadol 7%, Gabapentin 10%, Menthol 2%, Camphor 2%) 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Transdermal: TGICe (Tramadol 7%, Gabapentin 10%, Menthol 2%, Camphor 2%) 240gm is not medically necessary.

**Transdermal: flurbiprofen 20% 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Transdermal: flurbiprofen 20% 240gm is not medically necessary.

**CT scan of the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (updated 5/5/2015) , Computed tomography (CT).

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to the MTUS, reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over-diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. A CT of the knee or CT arthrogram of the knee is not recommended. CT scan of the right knee is not medically necessary.

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ACOEM Guidelines, page 137-138.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

**Decision rationale:** The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, case management is hampered by complex issues and the timing is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. Functional Capacity Evaluation is not medically necessary.