

<b>Case Number:</b>	CM15-0175420		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	07/19/2008
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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 47 year old male who sustained an industrial injury on 07-19-08. A review of the medical records indicates the injured worker is undergoing treatment for his left knee. Medical records (07-22-13) reveal the injured worker is "much improved." There is not pain rating noted from this date of service. The physical exam (07-22-13) reveals he is "much less tender and does not withdraw his arm to deep palpation." Treatment has included repair of the left anterior cruciate ligament, biceps tendon repair, excision of neuroma right upper extremity (06-28-13), and physical therapy. The original utilization review (08-08-15) no certified medications including Flurbiprofen, gabapentin, cyclobenzaprine, and tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro DOS: 6.6.13 Flurbiprofen:** 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. It was not clear from the records if this request was for oral or topical form. The request is non-specific for dose, sig, and amount of medication; consequently, Retro DOS: 6.6.13 Flurbiprofen is not medically necessary.

**Retro DOS: 6.6.13 Gabapentin:** 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. It was not clear from the records if this request was for oral or topical form. The request is non-specific for dose, sig, and amount of medication; consequently, Retro DOS: 6.6.13 Gabapentin is not medically necessary.

**Retro DOS: 6.6.13 Cyclobenzaprine:** 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. It was not clear from the records if this request was for oral or topical form. The request is non-specific for dose, sig, and amount of medication; consequently, Retro DOS: 6.6.13 Cyclobenzaprine is not medically necessary.

**Retro DOS: 6.6.13 Tramadol:** 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): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. It was not clear from the records if this request was for oral or topical form. The request is non-specific for dose, sig, and amount of medication; consequently, Retro DOS: 6.6.13 Tramadol is not medically necessary.