

Case Number:	CM15-0068799		
Date Assigned:	04/16/2015	Date of Injury:	09/21/2010
Decision Date:	06/30/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/10/2015

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 66 year old male who sustained an industrial injury on 09/21/2010. Current diagnoses include knee internal derangement, knee joint effusion, knee joint sprain/strain, status post right knee surgery, and insomnia. Previous treatments included medication management, and right knee surgery. Previous diagnostic studies included urine drug screen. Report dated 02/16/2015 noted that the injured worker presented with complaints that included dull aching pain in both knees and loss of sleep due to pain. Pain level was rated as 8 out of 10 without medications and 7 out of 10 with medications on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included performing a urine drug screen, dispensed medications, prescribed medications, and referred for hot/cold therapy. Disputed treatments include Tramadol 37.5/325 #60, gabapentin 15%/amitriptyline 10%/dextromethorphan 10% cream 180gm, cyclobenzaprine 2%/gabapentin 15%/amitriptyline 10% cream 180gm, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113.

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. Tramadol 37.5/325 #60 is not medically necessary.

Gabapentin 15%/amitriptyline 10%/dextromethorphan 10% cream 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113.

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. Gabapentin 15%/amitriptyline 10%/dextromethorphan 10% cream 180gm is not medically necessary.

Cyclobenzaprine 2%/gabapentin 15%/amitriptyline 10% cream 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113.

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. There is no evidence for use of any muscle relaxant as a topical product. Cyclobenzaprine 2%/gabapentin 15%/amitriptyline 10% cream 180gm is not medically necessary.

Urine drug screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. Screening is recommended at baseline, randomly at least twice, up to 4 times a year, and at termination. There is no documentation in the medical record that a urine drug screen is necessary for any of the above indications. Urine drug screening is not medically necessary.