

Case Number:	CM14-0142665		
Date Assigned:	09/10/2014	Date of Injury:	04/02/2013
Decision Date:	10/06/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52-year-old female cardio tech sustained an industrial injury on 4/2/13 relative to a trip and stumble. Injuries were documented to the neck, low back and right knee. Past medical history was positive for coronary artery disease, myocardial infarction, hypertension, and hypercholesterolemia. Past surgical history was positive for lumbar fusion in 1992 and cardiac stent in 2012. The injured worker underwent right knee arthroscopic partial lateral meniscectomy, extensive synovectomy, and chondroplasty on 4/14/14. Records indicated that Vicodin had been used for pain management since at least 1/20/14 with no indication that this was not tolerated or ineffective. The 7/21/14 treating physician report cited grade 7/10 right knee pain, compensatory left knee pain, and lower back pain radiating to both legs, right greater than left. A corticosteroid injection to the knee was provided by the surgeon that day. Medications were reported helping with pain. Physical exam documented moderate distress and antalgic gait. Functional difficulty was reported with standing, rising from sitting or recumbency, sitting on the table, and achieving recumbency. Medications were prescribed to include Cyclobenzaprine-Ketoprofen-Lidocaine topical cream, Vicodin 5/300 mg one twice a day, and Tramadol ER 150 mg one daily. A cane was requested due to unsteady gait with a few near falls. The 8/5/14 utilization review denied the requests for topical Cyclobenzaprine-Ketoprofen-Lidocaine based on an absence of documented failure of first line therapy or intolerance of these or similar medications on an oral basis. The request for Tramadol was denied based on an absence of documented symptoms or functional improvement with prior use and no documentation of failed first-line opioid trials.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cyclobenzaprine-Ketoprofen-Lidocaine PRN; no refills: 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: The California MTUS state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines state there is no evidence for use of a muscle relaxant, such as Cyclobenzaprine, as a topical product. Ketoprofen is not currently FDA-approved for topical application due to an extremely high incidence of photo contact dermatitis. Topical Lidocaine is only recommended for neuropathic pain in the dermal patch formulation. No other formulations (cream, lotions, or gels) are indicated for neuropathic pain. Lidocaine is not recommended for non-neuropathic pain. Given the absence of guideline support for all components of this topical compound, this request is not medically necessary.

Tramadol 150mg QD, no refills requested Quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Tramadol Page(s): 76-80, 93-94, 113.

Decision rationale: The California MTUS indicate that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. Guidelines recommend that patients not currently on immediate release Tramadol be started on extended release at a dose of 100 mg once a day. Guideline criteria have not been met. Records indicate that this patient had been using Vicodin since at least 1/20/14 with reported benefit. Tramadol was initially prescribed on 7/21/14 with no evidence that Vicodin had failed. Additionally, guidelines do not support an initial dose of 150 mg when there is no indication of prior use. Therefore, this request is not medically necessary.