

Case Number:	CM13-0002603		
Date Assigned:	11/01/2013	Date of Injury:	04/26/2010
Decision Date:	01/27/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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:

The patient is a 58 year old male with a date of injury of 4/26/10. The patient's diagnoses, as taken from [REDACTED] report of 7/23/13, are chronic low back pain; left leg pain with L4 vs. L5 lumbar radiculopathy seen on MRI; foot contusion and inflammation along talonavicular area; ankle sprain; internal derangement of the knee on right. The patient suffers from chronic low back, knee, and leg pains. His chores around the house are minimized, and he avoids all lifting. The patient claims that the Neurontin has helped more than 30% and that Medrox helps in performing activities, which can also be said of the Terocin cream. The patient's mood is improved with Effexor and trazodone helps with sleep. The treater indicates that the patient has an osteochondral lesion on the left knee. Prilosec use was to avoid stomach irritation. Flexeril has been helpful with activities as well and it was for two to three months at best. Examination showed tenderness along the patella, mildly positive compression test, inhibition, 1+ laxity, McMurray positive laterally, ankle dorsiflexion is 13 degrees, plantar flexion at 35 degrees. MRI of left knee 11/5/12 showed partial tear distal quadriceps tendon, degenerative changes in the menisci without discrete tear, inhomogeneous to marrow. No degenerative changes are noted, with articular cartilage preserved. Prior MRI of left knee from 4/17/12 showed no fracture, but mild spurring of the tibial spines and patella, osteochondral defect in lateral femoral articular surface of patellofemoral compartment. The patient's knee surgery occurred 6/26/13, for arthroscopy, synovectomy, chondroplasty and medial/lateral meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cortisone steroid injection for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS Chronic Pain Guidelines do not discuss cortisone injections, while the ACOEM Guidelines indicate that this should not be used routinely. The Official Disability Guidelines have a comprehensive review and recommend cortisone injections into knees for documented "severe arthritis." This patient does not present with severe arthritis. In fact, the MRI of the knee from 11/5/12 showed no degenerative changes of the knee with articular cartilage intact. An earlier MRI showed osteochondral defect but this does not constitute "severe arthritis" of the knee. The request for one cortisone steroid injection for the left knee is not medically necessary and appropriate.

One prescription of Trazodone 50mg #60 between 6/24/13 and 8/31/13: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: This patient suffers from chronic pain syndrome involving multiple body parts. The treater has been prescribing Trazodone to help with sleep. The treater documents insomnia problems due to pain. MTUS Chronic Pain Guidelines support the use of anti-depressants for management of chronic pain. The request for one prescription of Trazodone 50mg #60 between 6/24/13 and 8/31/13 is medically necessary and appropriate.

Flexeril 7.5mg #60 between 6/24/13 and 6/24/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Cyclobenzaprine Page(s): 64.

Decision rationale: Despite the treater's argument that Flexeril is to be used short-term for 2-3 months, 2-3 months is not considered short-term by the MTUS Chronic Pain Guidelines. The Guidelines recommend 3-4 days use with no more than 2-3 weeks use for this medication. While this patient suffers from chronic pain and has subjective benefit from Flexeril, the request

exceeds what is recommended by the MTUS Chronic Pain Guidelines. The request for Flexeril 7.5mg #60 between 6/24/13 and 6/24/13 is not medically necessary and appropriate.

Flexeril 7.5mg #60 between 6/24/13 and 8/31/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Cyclobenzaprine Page(s): 64.

Decision rationale: Despite the treater's argument that Flexeril is to be used short-term for 2-3 months, 2-3 months is not considered short-term by the MTUS Chronic Pain Guidelines. The Guidelines recommend 3-4 days use with no more than 2-3 weeks use for this medication. While this patient suffers from chronic pain and has subjective benefit from Flexeril, the request exceeds what is recommended by the MTUS Chronic Pain Guidelines. The request for Flexeril 7.5mg #60 between 6/24/13 and 8/31/13 is not medically necessary and appropriate.

Effexor 75mg #60 between 6/24/13 and 8/31/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Antidepressants Page(s): 13-15.

Decision rationale: According to the medical records provided for review, this patient suffers from chronic pain involving multiple body parts and experiences concomitant depression problems as well. The MTUS Chronic Pain Guidelines support the use of anti-depressants for chronic pain, depression and also chronic low back pain. The request for Effexor 75mg #60 between 6/24/13 and 8/31/13 is medically necessary and appropriate.

Terocin Pain Lotion 4 oz between 6/24/13 and 6/24/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: Terocin contains methyl salicylate, menthol and capsaicin 0.025%. This patient suffers from chronic low back, knee and ankle pains for which the treater has prescribed this lotion. The patient reports subjective improvement with the use of this lotion. The MTUS Chronic Pain Guidelines state that if one part of the compounded cream is not recommended, then the entire compounded product is not recommended. Terocin contains salicylate, an NSAID, which is not indicated for low back pain by MTUS Chronic Pain Guidelines. Therefore,

this product is not supported for the patient's low back condition. Topical NSAIDs are indicated for peripheral joint arthritis and tendinitis, particularly that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 wks). This patient does not present with osteoarthritis of the knee as the MRI's indicate no degeneration of the joint. The patient does not present with a tendinitis condition either. Furthermore, this product has been prescribed on a long-term basis and MTUS only supports short-term use of topical NSAIDs. The request for Terocin Pain Lotion 4oz between 6/24/13 and 6/24/13 is not medically necessary and appropriate.

Terocin Pain Lotion 4 oz between 6/24/13 and 8/31/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: Terocin contains methyl salicylate, menthol and capsaicin 0.025%. This patient suffers from chronic low back, knee and ankle pains for which the treater has prescribed this lotion. The patient reports subjective improvement with the use of this lotion. The MTUS Chronic Pain Guidelines state that if one part of the compounded cream is not recommended, then the entire compounded product is not recommended. Terocin contains salicylate, an NSAID, which is not indicated for low back pain by MTUS Chronic Pain Guidelines. Therefore, this product is not supported for the patient's low back condition. Topical NSAIDs are indicated for peripheral joint arthritis and tendinitis, particularly that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 wks). This patient does not present with osteoarthritis of the knee as the MRI's indicate no degeneration of the joint. The patient does not present with a tendinitis condition either. Furthermore, this product has been prescribed on a long-term basis and MTUS only supports short-term use of topical NSAIDs. The request for Terocin Pain Lotion 4oz between 6/24/13 and 8/31/13 is not medically necessary and appropriate.

One prescription of Medrox patches #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: Medrox patch contains methyl salicylate, menthol and capsaicin 0.037%. This patient suffers from chronic low back, knee and ankle pains for which the treater has prescribed this topical agent. The patient reports subjective improvement with the use of this topical product. The MTUS Chronic Pain Guidelines state that if one of the topical product's ingredients is not recommended, then the entire topical product is not recommended. Medrox patch contains salicylate, an NSAID, which is not indicated for low back pain by the MTUS

Chronic Pain Guidelines. Therefore, this product is not supported for the patient's low back condition. Topical NSAIDs are indicated for peripheral joint arthritis and tendinitis, particularly that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 wks). This patient does not present with osteoarthritis of the knee as the MRI's indicates no degeneration of the joint. The patient does not present with a tendinitis condition either. Furthermore, this product is prescribed for long-term basis and the MTUS Chronic Pain Guidelines support only short-term use of topical NSAIDs. Finally, the Guidelines do not support Capsaicin formulation at higher doses than 0.025%. There is no evidence that higher doses are effective. The request for one prescription of Medrox patches #15 is not medically necessary and appropriate.

One prescription of Medrox patches #15 between 6/24/13 and 8/31/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: Medrox patch contains methyl salicylate, menthol and capsaicin 0.037%. This patient suffers from chronic low back, knee and ankle pains for which the treater has prescribed this topical agent. The patient reports subjective improvement with the use of this topical product. The MTUS Chronic Pain Guidelines state that if one of the topical product's ingredients is not recommended, then the entire topical product is not recommended. Medrox patch contains salicylate, an NSAID, which is not indicated for low back pain by the MTUS Chronic Pain Guidelines. Therefore, this product is not supported for the patient's low back condition. Topical NSAIDs are indicated for peripheral joint arthritis and tendinitis, particularly that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 wks). This patient does not present with osteoarthritis of the knee as the MRI's indicates no degeneration of the joint. The patient does not present with a tendinitis condition either. Furthermore, this product is prescribed for long-term basis and the MTUS Chronic Pain Guidelines support only short-term use of topical NSAIDs. Finally, the Guidelines do not support Capsaicin formulation at higher doses than 0.025%. There is no evidence that higher doses are effective. The request for one prescription of Medrox patches #15 between 6/24/13 and 8/31/13 is not medically necessary and appropriate.

One prescription of Gabapentin 600mg #90 between 6/24/13 and 6/24/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Gabapentin Page(s): 18-19.

Decision rationale: This patient presents with chronic pain in low back with radicular symptoms as well and knee pain having recently had knee arthroscopic surgery. The treater has

prescribed Neurontin. The treater describes in his note 7/23/13 that the patient is experiencing at least 30% reduction of pain from the use of Neurontin. The MTUS Chronic Pain Guidelines does allow for the use of Neurontin considering it first-line treatment for neuropathic pain. The treater documents patient's radicular symptoms down the leg that may be neuropathic nature. Consequently, the request for one prescription of Gabapentin 600mg #90 between 6/24/13 and 6/24/13 is medically necessary and appropriate.

One prescription of Gabapentin 600mg #90 between 6/24/13 and 8/31/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Gabapentin Page(s): 18-19.

Decision rationale: This patient presents with chronic pain in low back with radicular symptoms as well and knee pain having recently had knee arthroscopic surgery. The treater has prescribed Neurontin. The treater describes in his note 7/23/13 that the patient is experiencing at least 30% reduction of pain from the use of Neurontin. The MTUS Chronic Pain Guidelines does allow for the use of Neurontin considering it first-line treatment for neuropathic pain. The treater documents patient's radicular symptoms down the leg that may be neuropathic nature. Consequently, the request for one prescription of Gabapentin 600mg #90 between 6/24/13 and 8/31/13 is medically necessary and appropriate.