MAXIMUS Federal Services

Case Number:	CM13-0006817		
Date Assigned:	02/03/2014	Date of Injury:	05/17/2012
Decision Date:	05/20/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/05/2013

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:

The claimant, a 32-year-old gentleman, was injured in a work related accident on May 17, 2012. The records provided for review document chronic complaints of left knee pain. A clinical assessment by [redacted] noted diagnoses of internal derangement of the left knee with instability, a compensatory right knee strain, low back strain, depression and sleep difficulty. Subjectively, there was continued complaints of left knee pain for which the claimant was status post an October 31, 2013 left knee arthroscopy, synovectomy and anterior cruciate ligament reconstruction. Objectively, there was tenderness diffusely of the knee on palpation with no gross swelling. No other clinical findings were noted. This review is for multiple medications to include Terocin lotion, tramadol, Naprosyn, Medrox patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN 120 ML: Upheld

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

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

Decision rationale: Based on MTUS Chronic Pain Guidelines, Terocin cream would not be indicated. Terocin cream is a topical compounded analgesic that includes methyl salicylate, Capsaicin, menthol and lidocaine. The medical records document the claimant's diagnosis of internal derangement of the knee. Capsaicin and lidocaine are only recommended treatment for neuropathic pain as a second line agent where first line treatment modalities have failed. There would be no current clinical indication for the use of this topical agent in the claimant's current clinical setting. The request for Terocin 120ml is not medically necessary

TEROCIN LOTION 4 OZ: Upheld

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

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

Decision rationale: Based on MTUS Chronic Pain Guidelines, Terocin cream would not be indicated. Terocin cream is a topical compounded analgesic that includes methyl salicylate, Capsaicin, menthol and lidocaine. The medical records document the claimant's diagnosis of internal derangement of the knee. Capsaicin and lidocaine are only recommended treatment for neuropathic pain as a second line agent where first line treatment modalities have failed. There would be no current clinical indication for the use of this topical agent in the claimant's current clinical setting. The request for Terocin Lotion 4oz is not medically necessary.

TRAMADOL ER 150 MG, #30 BETWEEN 6/24/2013 AND 6/24/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94, 123.

Decision rationale: Based on MTUS Chronic Pain Guidelines, continued use of tramadol in this instance would not be indicated. The claimant has chronic complaints of knee pain. Tramadol is only recommended for use for up to sixteen weeks in the acute setting with efficacy beyond sixteen weeks of use not proven. The current use of this agent in the claimant's chronic course of care for knee related complaints would not be supported. The request for Tramadol ER 150mg is not medically necessary.

TRAMADOL ER 150 MG, #30 BETWEEN 6/24/2013 AND 9/3/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94, 123.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, continued use of tramadol in this instance would not be indicated. The claimant has chronic complaints of knee pain. Tramadol is only recommended for use for up to sixteen weeks in the acute setting with efficacy beyond sixteen weeks of use not proven. The current use of this agent in the claimant's chronic course of care for knee related complaints would not be supported. The request for Tramadol ER 150mg is not medically necessary

NAPROXEN SODIUM 550 MG, #60 BETWEEN 6/24/2013 AND 6/24/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend continued use of Naprosyn. Naprosyn, an antiinflammatory agent, should be used at the lowest dose possible for the shortest period of time possible in the chronic setting. The current clinical records do not indicate an acute symptomatic flare of the claimant's knee related condition. Therefore, the continued use of this Final Determination Letter for [redacted] agent would not be supported. The request for Naproxen Sodium 550mg is not medically necessary.

NAPROXEN SODIUM 550 MG, #60 BETWEEN 6/24/2013 AND 9/3/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67-68.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend continued use of Naprosyn. Naprosyn, an antiinflammatory agent, should be used at the lowest dose possible for the shortest period of time possible in the chronic setting. The current clinical records do not indicate an acute symptomatic flare of the claimant's knee related condition. Therefore, the continued use of this agent would not be supported. The request for Naproxen Sodium 550mg is not medically necessary

MEDROX PATCHES #20: Upheld

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

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

Decision rationale: The role of Medrox patches also would not be indicated. Medrox is a similar agent to Terocin cream which also is not supported in this case. Medrox contains menthol, Capsaicin and methyl salicylate. Chronic Pain Guidelines indicate that topical compounded analgesics for the most part are experimental with limited clinical demonstration of efficacy or benefit in the long term. The role of Capsaicin should only be used as a second line agent in individuals who have not responded or are intolerant to other forms of treatment. The continued use of this topical compound would not be supported. The request for Medrox Patches #20 is not medically necessary.

MEDROX PATCHES , #120: Upheld

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

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

Decision rationale: The role of Medrox patches also would not be indicated. Medrox is a similar agent to Terocin cream which also is not supported in this case. Medrox contains menthol, Capsaicin and methyl salicylate. Chronic Pain Guidelines indicate that topical compounded analgesics for the most part are experimental with limited clinical demonstration of efficacy or benefit in the long term. The role of Capsaicin should only be used as a second line agent in individuals who have not responded or are intolerant to other forms of treatment. The continued use of this topical compound would not be supported. The request for Medrox Patches #120 is not medically necessary