

Case Number:	CM13-0009514		
Date Assigned:	07/07/2014	Date of Injury:	09/29/2012
Decision Date:	08/01/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/09/2013

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 Occupational Medicine 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:

Injured worker is a female with date of injury 9/29/2012. Per orthopedic surgeon's request for authorization dated 7/17/2013, the injured worker has been scheduled for right knee operative arthroscopy, meniscectomy, and evaluation of mid-patella and plica. Objective findings include extension of the knee is 170 degrees and flexion is 110 degrees with pain with crepitation with range of motion. No swelling is present. She has weakness against resistance at 5-/5. Diagnoses include 1) internal derangement of the right knee with interstitial tear within the distal quadriceps and intrameniscal tear of the posterior horn of the medial meniscus found on MRI dated 5/20/2013 2) discogenic lumbar condition with facet inflammation and right-sided radiculitis for which clarification for coverage is requested 3) internal derangement of the left knee as a result of compensation in light of altered gait and load-shifting because of right knee pain for which clarification is needed 4) element of depression and sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG QUANTITY 90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medications for Acute Pain (Analgesics) section.

Decision rationale: The MTUS Guidelines address the use of opioid therapy for use in chronic pain conditions. This request is for the use of opioid therapy post-operatively, during an acute treatment phase. The ODG reports that pharmacologic agents are the main treatment of acute pain and acute exacerbations of chronic pain. Opioids are appropriate analgesics for somatic, neuropathic and visceral pain. The request for Norco 10/325 mg #90 is determined to not be medically necessary.

NEURONTIN 600 MG QUANTITY 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) section, page(s) 16-19 Page(s): 16-19.

Decision rationale: The MTUS Guidelines recommend the use of anti-epilepsy drugs such as Neurontin for neuropathic pain. The requesting physician reports that Neurontin is being prescribed for neuropathic pain. The clinical reports do not clearly describe the injured worker as suffering from neuropathic pain. There is a diagnosis of discogenic lumbar condition with facet inflammation and right-sided radiculitis, but the requesting physician reports that it is not clear if this is covered under this claim. There is no evidence that this is related to her injured knee. The request for Neurontin 600 mg quantity 60 is determined to not be medically necessary.

MEDROX PATCH QUANTITY 20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical section, Topical Analgesics section, page(s) 28, 29, 111-113 Page(s): 28, 29, 111-113.

Decision rationale: Medrox patch is a topical analgesic containing the active ingredients Methyl Salicylate 5%, Menthol 5% and Capsaicin 0.0375%. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there are no current indications that this increase over a 0.025% formulation would provide any further efficacy. Since Capsaicin 0.0375% is not recommended by the MTUS Guidelines, the use of Medrox Patch is not recommended. The request for Medrox Patch quantity 20 is determined to not be medically necessary.

TEROCIN LOTION: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin section, Salicylate Topicals section, Topical Analgesics section page(s) 28,104, 111-113 Page(s): 28,104, 111-113.

Decision rationale: Per manufacturer's information, Terocin lotion is a combination topical analgesic with active ingredients that include capsaicin 0.025%, menthol 10%, and Methyl Salicylate 25%. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Salicylate topicals are recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The request for Terocin lotion 4 ounces is determined to be medically necessary.