

Case Number:	CM13-0013864		
Date Assigned:	10/01/2013	Date of Injury:	12/16/2001
Decision Date:	01/10/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/20/2013

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 and Rehabilitation, 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.

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 62-year-old female who reported an injury on 12/16/2001. The mechanism of injury was cumulative trauma while performing normal job duties. The patient was initially diagnosed with a left knee sprain. The patient was subsequently diagnosed with a partial thickness tear of the medial collateral ligament and underwent surgical intervention in March and September 2008. The patient underwent bilateral total knee replacements. The patient had persistent pain of the left knee. The patient was treated with medications and physical therapy. Recent clinical evaluation of the left knee revealed medial joint line tenderness to palpation and range of motion described as 0 to 120 degrees. The patient's medications included Anaprox DS 550 mg, Terocin 120 ml, Flexeril 7.5 mg, and Prilosec 20 mg. The patient's treatment plan included continued medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63,77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 67.

Decision rationale: The Chronic Pain Guidelines indicate that pain medication used to manage chronic pain should be supported by relief of symptoms and increased functional benefit.

Additionally, the guidelines recommend the use of non-steroidal anti-inflammatory drugs at the lowest dose for the shortest amount of time to appropriately treat the patient's pain. The medical records provided for review do not provide any evidence that the patient has had any pain relief or increased functional benefit from the patient's prescribed medication schedule. The medical records do not indicate that the patient has been on this medication for an extended duration of time. Therefore, without documentation of pain relief or increased functional benefit there is no support to extend treatment beyond guideline recommendations. The request for Anaprox DS 550 mg #60 is not medically necessary and appropriate.

Terocin 120 ml #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60,111.

Decision rationale: The patient does have continued pain complaints of the left knee with restricted range of motion. The requested Terocin cream contains methyl silicate, capsaicin, menthol, and lidocaine. The Chronic Pain Guidelines recommend the use of methyl silicate and menthol as a topical agent. However, the use of capsaicin is only recommended for patients who are intolerant or unresponsive to other treatments. The clinical documentation submitted for review does not provide any evidence that the patient has been unresponsive or intolerant to other treatments. Additionally, the guidelines state that, "no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain." Also, lidocaine is not recommended for non-neuropathic pain. Additionally, the guidelines recommend the introduction of pain medications for the management of chronic pain be introduced one at a time. Therefore, a formulation of medication with multiple medications would not be indicated. Additionally, any compounded agent with an element that is not recommended is not supported by guideline recommendations. The request for Terocin 120 ml #1 is not medically necessary and appropriate.

Flexeril 7.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41,60.

Decision rationale: The patient does have pain complaints of the left knee with limited range of motion. The Chronic Pain Guidelines recommend Flexeril or cyclobenzaprine as an option for a short course of therapy. The guidelines also state that the continued use of medications should be supported by functional benefit and symptom relief. The clinical documentation submitted for review does not provide any evidence that the patient has any documented functional improvement or symptom relief as it is related to this medication. As it is only indicated for a

short course of treatment, continued use would not be indicated. The request for Flexeril 7.5 mg #30 is not medically necessary and appropriate.

Prilosec 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and SSRIs Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The patient has continued pain complaints and range of motion deficits of the left knee. The Chronic Pain Guidelines recommend a proton pump inhibitor such as Prilosec for patients who are at risk for gastrointestinal events with the use of non-steroidal anti-inflammatory drugs. The concurrent request for the patient's non-steroidal anti-inflammatory drug is not supported by the clinical documentation. Additionally, there is no documentation that the patient is at risk for gastrointestinal events. The clinical documentation submitted for review does not address any gastrointestinal dysfunction that would benefit from this medication. The request for Prilosec 20 mg #30 is not medically necessary and appropriate.