MAXIMUS Federal Services

Case Number:	CM13-0018883		
Date Assigned:	10/11/2013	Date of Injury:	10/15/2010
Decision Date:	01/09/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/30/2013

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 IMR application lists the injury date as 10/15/2010 and shows a dispute with the 7/30/13 UR decision. The 7/30/13 UR decision is by [redacted], based on the 7/31/13 medical report, is for the denial of medications already dispensed on 7/16/13, as well as for the same medications prospectively, which include Terocin lotion, Flexeril, tramadol ER, and medrox patches. This review pertains to a 43 year old male construction laborer. He injured his left knee on 10/15/10 when he was pulling a 2"x6"x16 ft wooden plank and walking backwards and stumbled on another piece of wood. The 7/3/13 report from [redacted] states he is not P&S, he has a left knee internal derangement and requires left knee surgery. There is a 7/16/13 report from [redacted] reporting 9/10 left knee pain, that decreases with use of tramadol ER. Diagnosis is internal derangement left knee, depression, sleep, heart condition that contributed to the cancellation of the patient's surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

The prospective and retrospective request for Terocin lotion: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin is a compounded topical with methyl salicylate, capsaicin, menthol and Lidocaine. MTUS states these are recommended after failure of antidepressants or anticonvulsants and MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, methyl salicylate, capsaicin and possible menthol are indicated (methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105, "Ben-Gay" is given as an example and Ben-Gay contains menthol and methyl salicylate). Terocin contains topical lidocaine. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria. The request for Terocin lotion is not medically necessary and appropriate.

The prospective and retrospective request for Flexeril 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: MTUS does not recommend use of Flexeril longer than 2-3 weeks. The physician's prescription was not complete and listed the total number of tablets without the dosage, but it appears that this patient has been on Flexeril for several months. The request for continued use of Flexeril exceeds MTUS recommendations. The request for Flexeril 7.5mg is not medically necessary and appropriate.

The prospective and retrospective request for Tramadol ER 150mg #30: Upheld

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

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

Decision rationale: The medical reports pertaining to the patient with the left knee injury do not discuss any benefits with use of Tramadol ER, either in subjective pain, improved function or improved quality of life. There is no indication that the medication is providing a satisfactory response. The total number of tablets dispensed was #30, but there is no report on the dosage. Without a complete prescription, the dose of Tramadol cannot be verified to be in accordance with the dosage recommended under the MTUS guidelines. The request for tramadol ER is not medically necessary and appropriate.

The prospective and retrospective request for Medrox patches #25: 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: Medrox contains methyl salicylate, menthol and capsaicin. MTUS guidelines for topical analgesics states that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no discussion of neuropathic pain, and no mention of failure of antidepressants or anticonvulsants. The compound also contains capsaicin, and MTUS for capsaicin states that it is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no discussion on the treatments the patient has failed. The patient does not meet the MTUS criteria for capsaicin and does not meet the criteria for topical analgesics. The request for Medrox patches is not medically necessary and appropriate.