

<b>Case Number:</b>	CM13-0028108		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 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 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:

This is a 43 year old gentleman who was injured in a work-related accident on 6/18/12. The clinical records available for review included an operative report dated 7/8/13 identifying that the patient underwent a right knee arthroscopy, synovectomy, and partial lateral meniscectomy. Post-operative records for review included an 8/7/13 assessment for complaints of right knee pain subjectively and it was noted that chondromalacia of the patella was identified at the time of arthroscopic intervention. The records noted that the patient was scheduled to start a course of formal physical therapy with physical examination showing 0-90 degrees range of motion, antalgic gait, and current use of a Neoprene knee sleeve. The working assessment on that date was of right knee lateral Meniscal tear and chondromalacia status post arthroscopic intervention. The recommendations were for a course of physical therapy, continued use of a knee sleeve, and work restrictions. There was also documentation for medication management with Theramine, Naprosyn, Hydrocodone, and Terocin Lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Prescription of unknown dosage of Terocin lotion between 8/7/13 and 10/12/13:**

**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 California MTUS Chronic Pain 2009 Medical Treatment Guidelines, the request for use of Terocin Lotion would not be indicated. The claimant is status post a knee arthroscopy. The topical use of this compounded agent would currently serve no clinical purpose as the medical records provided for review do not document that the claimant has failed first line therapeutic agents such as physical therapy and oral medication agents. The specific use of this topical agent based on the claimant's current clinical state, current diagnosis, and time frame from surgical procedure would not be indicated.

**1 prescription of Hydrocodone 10/325mg #60 between 8/7/13 and 10/12/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for Use. Page(s): 76-80.

**Decision rationale:** Based on California MTUS Chronic Pain 2009 Medical Treatment Guidelines, the continued role of short-acting narcotic analgesic Hydrocodone would not be indicated. The records indicate that the claimant was nearly six weeks from the time of operative intervention when a prescription for medication was recommended. There is currently no indication of functional deficit, inflammatory process, or acute clinical findings that would necessitate the continued role of Hydrocodone following the surgical procedure in question. While oral anti-inflammatory agents may be recommended, the continued role of narcotic analgesics in this case would not be supported.

**2 prescriptions of Naproxen 250mg #60 between 8/7/13 and 10/12/13: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Based on MTUS Chronic Pain 2009 Medical Treatment Guidelines, the prescription for Naprosyn would appear to be medically necessary. Based upon the documentation of the claimant's recent surgical process that would involve a musculoskeletal recovery period during which an inflammatory process would be noted, the acute need of the Naprosyn would appear to be medically necessary.

**3 prescriptions of Theramine #90 between 8/7/13 and 10/12/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Compensation, 18th Edition, 2013 Updates: Pain procedure - Theramine.

**Decision rationale:** Based on Official Disability Guidelines as the California MTUS and ACOEM Guidelines are silent, the role of Theramine (a medical food) would not be indicated. Presently, there are no high-quality peer review literature studies that indicate efficacy for the role of medical food (in this case in the form of Theramine) as specific treatment for the claimant's current working diagnosis. The specific request would not be indicated.

**prescription of Neoprene sleeve for right knee between 8/7/13 and 10/12/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Compensation, 18th Edition, 2013 Updates: Knee Chapter: Knee brace.

**Decision rationale:** The CA MTUS and ACOEM Guidelines are silent regarding specific indications for post-operative use of bracing. When looking at Official Disability Guidelines criteria, the request for a Neoprene sleeve to the knee would not be indicated. The diagnosis of status post arthroscopy with lateral meniscectomy would not require formal bracing as part of the postoperative rehabilitation. The surgical process performed does not create any degree of instability to the knee in this young individual who is regaining strength and function with physical therapy. The specific request in this case would not be supported.

**Unknown amount of physical therapy sessions between 8/7/13 and 10/12/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS Post-Surgical Rehabilitative 2009 Guidelines, the request for an unknown amount of physical therapy sessions between 8/7/13 and 10/12/13 would not be indicated. The specific request in this case does not indicate the number of sessions to be performed. It is noted that the claimant had not yet started a course of formal physical therapy. The MTUS Post-Surgical Rehabilitative Guidelines recommend up to twelve sessions of therapy in the post-operative setting. The lack of documentation for the number of sessions being requested would fail to necessitate the above request at this time.