

Case Number:	CM13-0033450		
Date Assigned:	12/06/2013	Date of Injury:	09/06/2001
Decision Date:	03/18/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/09/2013

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 Pain Medicine and is licensed to practice in Texas. 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 66-year-old female who reported an injury on 9/6/01. The mechanism of injury was not provided for review. The patient developed chronic pain in the bilateral knees that was managed with medications. The patient's most recent objective findings included range of motion of her knees described as 180 degrees in extension and 120 degrees in flexion bilaterally with no evidence of crepitation with range of motion and mild weakness in the hip flexors. The patient's medications included Terocin cream Flexeril 7.5 mg, and Medrox patches. The patient's diagnoses included internal derangement of the knees bilaterally, status post arthroscopic meniscectomy bilaterally, and arthritis with minimal joint space on the left. The patient's treatment plan included continuation of medications and avoidance of prolonged activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one (1) prescription of Terocin lotion 4oz. between 9/3/13 and 9/3/13: 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.

Decision rationale: MTUS guidelines recommend the use of methyl salicylate and menthol for osteoarthritic pain. The requested medication contains menthol, methyl salicylate, lidocaine, and

capsaicin. Guidelines also recommend the use of capsaicin when patients have failed other treatments. In this patient's case, the medical records submitted for review evidence that the patient has osteoarthritic pain. However, the medical records do not indicate that the patient has failed to respond to surgical intervention and has developed chronic pain. Moreover, the requested medication contains lidocaine. MTUS guidelines do not recommend the use of lidocaine in a cream formulation as it is not U.S. Food and Drug Administration (FDA) approved for neuropathic pain. Finally, guidelines states that the use of any compounded medication with 1 drug or drug class that is not supported by guideline recommendations is not recommended. Thus, Terocin is not supported by guidelines. The retrospective request for one (1) prescription of Terocin lotion 4oz. between 9/3/2013 and 9/3/2013 is not medically necessary and appropriate.

one (1) prescription of Terocin lotion 4oz.: 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.

Decision rationale: MTUS guidelines recommend the use of methyl salicylate and menthol for osteoarthritic pain. The requested medication contains menthol, methyl salicylate, lidocaine, and capsaicin. Guidelines also recommend the use of capsaicin when patients have failed other treatments. In this patient's case, the medical records submitted for review evidence that the patient has osteoarthritic pain. However, the medical records do not indicate that the patient has failed to respond to surgical intervention and has developed chronic pain. Moreover, the requested medication contains lidocaine. MTUS guidelines do not recommend the use of lidocaine in a cream formulation as it is not U.S. Food and Drug Administration (FDA) approved for neuropathic pain. Finally, guidelines states that the use of any compounded medication with 1 drug or drug class that is not supported by guideline recommendations is not recommended. Thus, the request for Terocin is not supported by guidelines. The request for one (1) prescription of Terocin lotion 4oz. between is not medically necessary and appropriate.

one (1) prescription of Flexeril 7.5mg #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.

Decision rationale: MTUS guidelines do not recommend the extended use of muscle relaxants. Guidelines further indicate that only short courses of treatment are supported by guideline recommendations. In this patient's case, the medical records submitted for review indicates that the patient has been on this medication for an extended duration of time. Additionally, the medical records do not provide any evidence of muscle spasming that would require a muscle

relaxant. Thus, the request is not medically necessary. The request for one (1) prescription of Flexeril 7.5mg #60 is not medically necessary and appropriate.

one (1) prescription of Medrox patch #20: 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.

Decision rationale: MTUS guidelines recommend the use of menthol and methyl salicylate for osteoarthritic pain. This compounded medication patch contains methyl salicylate, menthol, and capsaicin 0.035%. In this patient's case, the medical records submitted for review does indicate that the patient has osteoarthritic pain. However, this medication also contains capsaicin at 0.035%, which is not supported by guideline recommendations. There is no scientific efficacy for this formulation over a 0.025% formulation. Guidelines further states that any compounded product that has at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. As such, the request is not medically necessary. The request for one (1) prescription of Medrox patch #20 is not medically necessary and appropriate.