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| <b>Case Number:</b>   | CM13-0033795 |                              |            |
| <b>Date Assigned:</b> | 12/06/2013   | <b>Date of Injury:</b>       | 03/11/2013 |
| <b>Decision Date:</b> | 01/13/2014   | <b>UR Denial Date:</b>       | 10/08/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/11/2013 |

### 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 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 22-year-old male who reported an injury on 03/11/2013. The patient was diagnosed with internal derangement of the left knee. The patient was recently seen by [REDACTED] on 10/02/2013. Physical examination revealed tenderness to palpation of the left knee joint line, positive McMurray's testing, positive patellar compression testing and pain with terminal flexion. Treatment recommendations included an authorization for current medications and a left knee arthroscopic surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg, #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 72.

**Decision rationale:** The California MTUS Guidelines state, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. As per the clinical notes submitted, the patient does not maintain a diagnosis of osteoarthritis. There is no evidence of a failure to respond to acetaminophen prior to the initiation of an NSAID. The

patient was given a prescription for naproxen sodium tablets 550 mg on 06/19/2013. Despite the ongoing use of the current medication, the patient continued to report left knee pain and demonstrated tenderness to palpation with positive compression testing, crepitus and positive McMurray's testing. The ongoing use of this medication cannot be determined as medically appropriate. Furthermore, the California MTUS Guidelines do not recommend the long-term use of NSAID medications. Based on the clinical information received and the California MTUS Guidelines, the request for Naproxen Sodium 550mg, #150 is not medically necessary and appropriate.

**Omeprazole 20mg, #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state that proton pump inhibitors are recommended for patients with intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the clinical notes submitted, the patient does not currently meet the criteria for the use of a proton pump inhibitor as there is no evidence of intermediate or high risk for gastrointestinal events. Based on the clinical information received and the California MTUS Guidelines, the request for Omeprazole 20mg, #120 is not medically necessary and appropriate.

**Cyclobenzaprine HCL 7.5mg, #120: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines state that muscle relaxants are recommended as a nonsedating second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is recommended for a short course of therapy not to exceed 2 to 3 weeks. As per the clinical notes submitted, the patient was given a prescription for Cyclobenzaprine hydrochloride tablets 7.5 mg #120 on 06/19/2013. There is no evidence of muscle spasm or muscle tension upon physical examination that would warrant the need for a muscle relaxant. There was also no evidence of a failure to respond to first-line treatment prior to the initiation of a second-line muscle relaxant. Despite the ongoing use of this medication, the patient continued to present with left knee pain and demonstrated tenderness to palpation with positive compression and McMurray's testing. As the California MTUS Guidelines do not recommend the long-term use of muscle relaxants, the ongoing use of this medication cannot be determined as medically appropriate. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**Tramadol ER 150mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the clinical notes submitted, the patient was given a prescription for Tramadol Hydrochloride ER 150 mg #90 on 06/19/2013. There is no evidence of a previous failure to respond to nonopioid analgesics prior to the initiation of a centrally-acting synthetic opioid analgesic. Despite the ongoing use of this medication, the patient continued to present with complaints of left knee pain and continued to demonstrate tenderness to palpation, positive compression and McMurray's testing and crepitus. A satisfactory response to treatment has not been indicated. Based on the clinical information received and the California MTUS Guidelines, the request for Tramadol ER 150mg, #90 is not medically necessary and appropriate.

**Medrox (Terocin) patches, #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): 111-113.

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin patch is considered a topical analgesic and contains menthol and lidocaine. Topical lidocaine has been designated by the FDA for neuropathic pain. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with oral antidepressants and anticonvulsants. Based on the clinical information received, the patient does not currently meet criteria for the use of Terocin patches, as there was no evidence of neuropathic pain or a failure to respond to first-line therapy. Based on the clinical information received and the California MTUS Guidelines, the request for Medrox (Terocin) patches, #30 is not medically necessary and appropriate.

**One 120ml tube of Methoderm Gel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended as a whole. Methoderm gel includes lidocaine, methyl salicylate, menthol and capsaicin. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. Indications include osteoarthritis, fibromyalgia and nonspecific low back pain. Topical lidocaine is indicated for neuropathic pain when trials of first-line therapy with anticonvulsants and antidepressants have failed. As per the clinical note submitted, the patient does not maintain a diagnosis of osteoarthritis, fibromyalgia, chronic nonspecific back pain or neuropathic pain. There was also no evidence of a failure to respond to first-line therapy prior to the initiation of a topical analgesic. Based on the clinical information received, the patient does not currently meet the criteria for the use of a topical Methoderm gel. Therefore, the request for one 120ml tube of Methoderm Gel is not medically necessary and appropriate.