

Case Number:	CM13-0035282		
Date Assigned:	12/13/2013	Date of Injury:	02/15/2012
Decision Date:	02/11/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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:

The patient is a 67-year-old gentleman who was injured in a work related accident on 02/15/12. Recent clinical assessments for review include a 09/03/13 assessment of [REDACTED] indicating a diagnosis of left knee internal derangement with bilateral hip flexion with abnormal gait. The claimant's physical examination shows the claimant to walk with a limp with restricted motion to the hip at endpoints and a left knee evaluation with +1 anterior drawer, negative McMurray's testing, and tenderness noted along the patella. There was 5+/5 strength to the left knee. The plan at that time was for an MRI imaging of the knee. There was also recommendation for viscosupplementation injections. Medications were refilled in the form of Tramadol, Norco, and Naprosyn, Prilosec, Terocin patches, and LidoPro lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prescription of Protonix 20mg QTY 60.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of Protonix would be indicated. The claimant meets necessary gastrointestinal event risk factor for use of a proton pump inhibitor being that his age is greater than 65-years. Given his concordant use of underlying antiinflammatory agents, the continued role of this medication would appear medically necessary

Request for prescription of 20 Terocin Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): s 111-113.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, Terocin patches would not be indicated. Terocin patches contain amongst other active ingredients, Methanol and Lidocaine. The topical role of Lidocaine is only indicated for second line use after failure of first line agents such as tricyclic antidepressants, or Gabapentin, or Lyrica. The records in this case do not indicate a current neuropathic diagnosis for which this agent would be indicated. Based on the lack of failure to demonstrate first line agents, the role of this medication in the topical compounded setting would not be supported.

Request for prescription of LidoPro lotion, 4 ounces: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): s 111-113.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the use of LidoPro lotion would not be indicated. As stated above, the use of Lidocaine in this claimant's setting would not be indicated. Based on the above, the role of this agent to be used in not one, but two topical agents would not be supported.