

Case Number:	CM13-0037712		
Date Assigned:	12/18/2013	Date of Injury:	07/16/2010
Decision Date:	09/30/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California, Florida and New York. 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 expert 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 injured worker is a 42 year old female who reported an injury on 07/16/2010. The mechanism of injury was not indicated in the clinical notes. Her diagnoses included chondromalacia patella femoral and left knee arthrofibrosis. Her past treatments included surgery, injections, and pain medications. The diagnostic exams included an MRI of the lumbar spine and a MRI of the left knee. Her surgical history consisted of a left knee reconstruction in 2010. On 04/28/2014 the injured worker complained of insomnia, depression and constant pain to the left knee. She stated that her pain was 10/10 without medications. The injured worker reported that the pain was aggravated by prolonged walking, standing, bending and lifting. The physical exam revealed mild joint effusion in the left knee and the inability to bend the knee. There was also tenderness on the medial aspect of the left knee. She ambulated with the assistance of a cane and had noticeable hip-hiking secondary to keeping her left knee straight. Her medication consisted of Percocet, Norco, and Terocin ointment. The treatment plan consisted of the use Terocin ointment 2ml, applied twice a day as needed and Norco 10/325mg #60. The rationale was chronic nonmalignant pain. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN APPLY 2 ML BID AS NEEDED #1 BOTTLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Terocin ointment apply 2ml twice a day as needed #1 bottle is not medically necessary. The active ingredients in Terocin ointment include Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10% and Lidocaine 2.50%. The California/MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trails to determine efficacy or safety. Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In regard to lidocaine, the guidelines state topical lidocaine, in the formulation of a dermal patch has been designated for neuropathic pain, but no other commercially approved topical formulations of lidocaine whether creams, lotions or gels, are indicated Salicylate topicals are recommended by the guidelines as they are significantly better than placebo in chronic pain. Capsaicin is noted to be recommended only as an option in patients who have not responded or are intolerant to other treatments. The injured worker was noted to have left knee pain; however, there was no evidence of neuropathic pain or failure of first-line medications. Also, the clinical notes do not clearly indicate that the injured worker was intolerant to other treatments to warrant use of capsaicin. Therefore, as the requested topical compound contains lidocaine and capsaicin, which are not recommended, the topical compound is also not supported. As such, the request for Terocin ointment apply 2ml twice a day as needed is not medically necessary.

NORCO 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria For Use Page(s): 78.

Decision rationale: The request for Norco 10/325mg #60 is not medically necessary. For ongoing use of opioids, the California/MTUS Guidelines state that the ongoing monitoring of chronic pain patients on opioids should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or no adherent) drug-related behaviors. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also specify that a pain assessment should consist of current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The clinical notes do reference that the injured worker's compliance with urine drug screens used to continually monitor aberrant behavior. However, the documentation lacks quantitative measurements to correlate the effectiveness of Norco in terms of pain relief as there is no indication of the patients' subjective pain scores with and without

medications on the clinical noted dated 07/24/2014. Also there is no indication of increased physical functioning and the injured worker was noted to have continued use of a cane and continued complaint of pain that interferes with walking. Therefore, due to the lack of documentation indicating quantitative pain measurements and the lack of evidence to support increased physical and psychosocial functioning, the request for Norco 10/325mg #60 is not supported. Additionally, the request, as submitted, did not specify a frequency of use. As such, the request is not medically necessary.