

Case Number:	CM13-0039492		
Date Assigned:	12/18/2013	Date of Injury:	11/03/2008
Decision Date:	05/30/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/07/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, 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 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 patient is a 52 year old man who sustained a work-related injury on November 3, 2008. Subsequently he developed bilateral knee pain. According to a note dated on January 7, 2013, the patient was complaining of bilateral knee pain with swelling and limitation of movement. The patient used a knee brace to ambulate. His physical examination demonstrated difficulty standing from a seated position because of pain. There is limitation of knees movement with tenderness. The patient was treated with pain medications. The provider requested authorization for pain medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO CREAM 120 GRAMS (FOR NEXT VISIT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, 112-13.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS Chronic Pain Guidelines indicate any compounded product that contains at least one

drug or drug class that is not recommended is not recommended. LidoPro cream (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin, which is a topical analgesic and lidocaine not recommended by the MTUS Chronic Pain Guidelines. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the request is not medically necessary and appropriate.

TEROCIN PATCHES (FOR NEXT VISIT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, 112-13.

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

Decision rationale: Terocin lotion is formed by the combination of methyl salicylate, capsaicin, and menthol. According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin, which is a topical analgesic not recommended by the MTUS Chronic Pain Guidelines. Furthermore, there is no documentation of a failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the request is not medically necessary and appropriate.

VOLTAREN 100MG TABLETS (FOR NEXT VISIT) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: Diclofenac is a nonsteroidal anti-inflammatory drug (NSAID). Diclofenac is used to treat a migraine headache attacks, with or without aura, in adults 18 years of age and older. It is not used to prevent migraine headaches. It is not used to treat a cluster headache. It is used for osteoarthritis pain. There is no clear documentation that the patient has migraine headaches or osteoarthritis. Therefore, the request for Voltaren 100mg tablets is not medically necessary.

PROTONIX 20MG TABLETS (FOR NEXT VISIT) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102.

Decision rationale: Diclofenac is a nonsteroidal anti-inflammatory drug (NSAID). Diclofenac is used to treat a migraine headache attacks, with or without aura, in adults 18 years of age and older. It is not used to prevent migraine headaches. It is not used to treat a cluster headache. It is used for osteoarthritis pain. There is no clear documentation that the patient has migraine headaches or osteoarthritis. Therefore, the request for Voltaren 100mg tablets is not medically necessary.

HYALGAN INJECTION LEFT KNEE #5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The ODG states regarding Hyaluronic acid injections, "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen)." There is no documentation that the patient is suffering from osteoarthritis or severe osteoarthritis that did not respond to conservative therapies. The patient was successfully treated with conservative therapies and the medical necessity for Hyalgan injections is not established. The request is not medically necessary and appropriate.

HYALGAN FOR INTRAARTICULAR INJECTION, PER DOSE #5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

SUPPLIES NEEDED FOR HYALGAN INJECTION #5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.