

Case Number:	CM13-0041876		
Date Assigned:	12/20/2013	Date of Injury:	02/18/2008
Decision Date:	02/18/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/15/2013

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. 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 69-year-old male who reported an injury on 02/18/2008 after a slip and fall, which reported caused injury to the low back and left knee. Prior treatments included medications, physical therapy, aquatic therapy, spinal fusion from the L3-5 levels. The patient most recently underwent a right-sided foraminotomy at the L3-S1 levels and right knee arthroscopy for a partial medial and lateral meniscectomy. The patient had been managed post surgically with aquatic therapy, physical therapy, and medications. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical examination documented that the patient had 6/10 right knee pain that was exacerbated by walking for greater than 10 minutes. Physical findings included tenderness to palpation of the lumbosacral spine and ambulation assisted by a cane. The patient's diagnoses include lumbar sprain/strain, lumbosacral thoracic neuritis or radiculitis, myofascial pain, constipation, and status post multiple lumbar surgeries. The patient's treatment plan included continuation of medications, the use of a TENS unit and a home exercise program, and additional aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment (May 2009)..

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

Decision rationale: The requested Mentherm 120 mL is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient recently underwent knee surgery. The requested medication contains methyl salicylate and menthol. California Medical Treatment Utilization Schedule recommends the use of methyl salicylate for patients with arthritic pain. The clinical documentation submitted for review does not provide any evidence that the patient's pain is related to arthritis. Therefore, continuation of this medication would not be indicated. As such, the requested Mentherm 120 mg is not medically necessary or appropriate.

Terocin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment (May 2009) .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Medications for Chronic Pain and Topical Analgesics. P.

Decision rationale: The requested Terocin lotion is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is having continued pain status post knee surgery. The requested Terocin cream contains methyl salicylate, capsaicin, menthol, and lidocaine. The California Medical Treatment Utilization Schedule does recommend the use of methyl salicylate and menthol as a topical agent for arthritic pain. However, the clinical documentation does not provide any evidence that the patient's pain is related to arthritis. California Medical Treatment Utilization Schedule does not recommend the use of capsaicin as a topical agent unless patients are intolerant or unresponsive to other treatments. The clinical documentation submitted for review does not provide any evidence that the patient has been unresponsive or intolerant to other treatments. Additionally, the California Medical Treatment Utilization Schedule states, "no other commercially-approved topical formulation so lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain." Therefore, the lidocaine element to this medication would not be supported by guideline recommendations. The California Medical Treatment Utilization Schedule also recommends the introduction of pain medications for the management of the patient's chronic pain be introduced 1 at a time. Therefore, a formulation of medication with multiple medications would not be indicated. Additionally, compounded agent with an element that is not recommended is not supported by guideline recommendations. As this formulation does contain lidocaine, which is not supported by guideline recommendations, continued use would not be supported. As such, the requested Terocin lotion is not medically necessary or appropriate.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment (May 2009) .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, On-going Management. Page(s): 78.

Decision rationale: The recommended Norco 10/325 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. The patient is experiencing postsurgical lower extremity pain. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence of monitoring for aberrant behavior. Although the clinical documentation submitted for review does provide evidence that the patient is regularly monitored for aberrant behavior through urine drug screens, there is no documentation of functional benefit or pain relief as a result of this medication. Therefore, continued use would not be supported. As such, the requested Norco 10/325 mg #60 is not medically necessary or appropriate.