

Case Number:	CM13-0042264		
Date Assigned:	12/27/2013	Date of Injury:	12/04/2009
Decision Date:	02/26/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/30/2013

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 New York and Texas. 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 56-year-old male who reported an injury on 12/04/2009. The mechanism of injury was not provided in the medical records. The patient's diagnoses include status post right knee surgery, recurrent right knee internal derangement, and right knee chronic sprain/strain. His symptoms are noted to include chronic right knee pain. His medications were noted to include Terocin lotion, Norco 10/325 mg 3 times a day, and Motrin 800 mg 3 times a day. A new prescription was given on 09/10/2013 for Pennsaid topical solution to be used twice a day on both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for 90 Tablets of Motrin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Chronic Pain Medical Treatment Guidelines (NSAIDs, specif.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications, page 22; NSAIDs, speci.

Decision rationale: According to California MTUS Guidelines, anti-inflammatories are the traditional first-line treatment to reduce pain so that activity and functional restoration can resume, but long-term use may not be warranted. More specifically, the guidelines state that

Motrin in the treatment of mild to moderate pain should be given as 400 mg every 4 to 6 hours as needed as doses greater than 400 mg have not provided greater relief of pain. Higher doses are usually necessary for osteoarthritis; however, the patient does not have a diagnosis of osteoarthritis. Therefore, the request for Motrin 800 mg to be used 3 times a day exceeds the dose recommendations by the guidelines. For this reason, the request for 90 Tablets of Motrin 800mg is not medically necessary and appropriate.

Decision for Terocin Lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Chronic Pain Medical Treatment Guidelines. Page(s): 111-113.

Decision rationale: Terocin lotion is noted to include methyl salicylate, capsaicin, menthol, and lidocaine. California MTUS Guidelines state topical analgesics are largely experimental in use with limited evidence of efficacy and safety. These agents are usually recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Moreover any compounded topical agent that contains one drug (or drug class) that is not recommended is not recommended. Topical lidocaine is noted to be recommended for localized peripheral pain after there has been evidence of a trial of a first-line therapy. Guidelines also state the Lidoderm patch is the only FDA-approved formulation of topical lidocaine. This is noted as formulations that does not involve a transdermal patch system are generally indicated as local anesthetics and antipyretics. Additionally, topical capsaicin is not recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical information submitted for review failed to indicate whether the patient had failed a trial of an antidepressant and/or anticonvulsant. Moreover, there is no documentation of other treatments the patient did not respond or was intolerant to, to warrant the use of topical capsaicin. As topical lidocaine and capsaicin are not indicated for this patient according to the clinical information submitted, the request is not supported. As such, Decision for Terocin Lotion is not medically necessary and appropriate

Decision for 180 Tablets of Norco 10/325mg: Upheld

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

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

Decision rationale: According to California MTUS Guidelines, ongoing monitoring for patients taking opioid medications should include detailed documentation regarding the pain relief, functional status, and the "4 As" for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The clinical information submitted failed to address the patient's pain outcome on her Norco. Additionally, there was no

documentation regarding possible side effects or aberrant drug-taking behaviors with this medication. In the absence of the detailed documentation required by the guidelines for the ongoing use of opioid medications, the request is not supported. Therefore, Decision for 180 Tablets of Norco 10/325mg is not medically necessary and appropriate

Decision for Bottle of Pennsaid Topical Solution: Upheld

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

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

Decision rationale: According to California MTUS Guidelines, topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with diminishing effect over another 2 weeks period. With regard to osteoarthritis of the knee, topical NSAIDs may be recommended for 4 to 12 weeks only. California MTUS Guidelines state the only FDA-approved agent is Voltaren 1% gel which is indicated for relief of osteoarthritis pain and joints. The clinical information submitted for review failed to provide a diagnosis of osteoarthritis. Additionally, as Voltaren gel is the only FDA-approved topical NSAID (Non-Steroidal Anti-inflammatory Drugs), the request for Pennsaid topical solution is not supported. As such, Decision for Bottle of Pennsaid Topical Solution is not medically necessary and appropriate.