

<b>Case Number:</b>	CM13-0042301		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/02/1991
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 60-year-old female who reported an injury on 09/02/1991. The mechanism of injury was not provided in the medical records. The 09/17/2013 clinic note reported a complaint of pain to the knees bilaterally. The note reported the patient had limitations with sitting, standing, pushing, pulling and lifting and stated she used a cane occasionally. The note reported she used a brace on her right knee, hot and cold wraps, and a TENS unit. The note stated the patient complained of spasms and pain along the medial joint line but wanted to avoid injections. On examination, she had tenderness along the medial joint of the right knee, extension of 100 degrees, flexion of 90 degrees with 1 to 2+ laxity on anterior drawer and posterior testing. Her diagnosis included internal derangement of the knee on the right and left status post total knee replacement. Her treatment plan included Norco, naproxen, tramadol, Remeron, Terocin patches and LidoPro.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF REMERON 15MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The documentation does not provide documentation of the outcomes from the use of Remeron and therefore, efficacy cannot be determined. As such, the request is not medically necessary and appropriate.

**PRESCRIPTION OF TEROGIN PATCHES #20:** Upheld

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

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

**Decision rationale:** Tergin patches are a combination of lidocaine and menthol. The MTUS Chronic Pain Guidelines recommends the use of lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The documentation submitted did not provide evidence of failed outcomes for first-line therapies. As such the request is not medically necessary and appropriate.

**PRESCRIPTION OF COMPOUND MEDICATION: LIDOPRO- CAPSAICIN 0.0325% LIDOCAINE 4.5% MENTHOL 10% METHYL SALICYLATE 27.5%:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommends topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation submitted did not provide evidence of failed outcomes for first-line therapies. As such the request is not medically necessary and appropriate.