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| Case Number: | CM13-0044842 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 07/07/2004 |
| Decision Date: | 04/28/2014 | UR Denial Date: | 10/11/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

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 Occupational 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:

This is a 58 year old female patient s/p injury 7/7/04. 1/2/14 progress note states that the patient has right knee pain. She denies spasms and numbness. She is working full time as a CNA. She uses Terocin patches for topical use. These allow her to do her daytime work and for her to be more functional. 11/19/13 progress note stated that the patient has right knee pain daily at 3/10. She uses tramadol as needed for pain. She is working full time. Objectively, she has right knee extension to 180 degrees and flexion to 100 degrees. She wears a knee brace for support. Right knee MRI 11/8/13 demonstrated previous surgery (partial meniscectomy), radial tear o the body of the medial meniscus, full thickness cartilage defects in the medial tibiofemoral compartment and tricompartmental chonromalacia, DJD. 10/2/13 progress note stated that the patient had surgical intervention 2005 and recently in August 2012 with meniscectomy and grade II and III chondromalacia in the right knee medially. She has gained 30lbs since the injury. She has a weight unloading brace that is not technically well and she is to talk to the braceman. She has no braces to use at the moment. She has had no injections in the past year. There seems to be a flare up of her condition. Treatment plan included prospective cortisone injection. Should that fail, a series of five Hylan injections would be needed. She needs a brace because hers is too large and so she needs a right knee brace with hinges. Recommendation was for physiotherapy x12 to mobilize the right knee. Conservative care has included activity modification, medication, physical therapy, previous knee surgery, and bracing.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 TEROCIN PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28; 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; Salicylate Topical

Decision rationale: Terocin contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl Salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that Salicylate topical are significantly better than placebo in chronic pain. The record indicates that Terocin patches have been helpful for the patient with functional gains. However, there is no objective measure of pain relief or functional gains. In addition, California MTUS chronic pain medical treatment guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Terocin contains several ingredients that are not recommended. Therefore, the request for Terocin was not medically necessary.

LIDOPRO CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28; 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Salicylate Topical.

Decision rationale: Lidopro cream contains capsaicin / lidocaine / menthol / methyl Salicylate topical. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical

OTC pain relievers that contain menthol, methyl Salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that Salicylate topical are significantly better than placebo in chronic pain. California MTUS chronic pain medical treatment guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. LidoPro contains several ingredients that are not recommended. Therefore, the request for LidoPro was not medically necessary.

5 HYALGAN INJECTIONS TO THE RIGHT KNEE: Upheld

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

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

Decision rationale: ODG indications include patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments; are not candidates for total knee replacement; younger patients wanting to delay total knee replacement. If relief is obtained for 6-9 months and symptoms recur, it may be reasonable to do another series. The 10/2/13 note indicates that the patient should have a cortisone injection and if that is not successful, a series of Hylan injections. However, there is no further discussion of a trial of a corticosteroid injection. The patient has noted tricompartmental osteoarthritis. However, it is unclear that there has been failure of a recent course of conservative therapy. The request is not medically necessary.

RIGHT KNEE BRACE WITH HINGES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: CA MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. However, the record notes that the patient already has a knee brace. It is noted that the knee brace does not fit properly. However, it is unclear why the patient cannot have the previously owned knee brace fixed. The request is not medically necessary.

12 SESSIONS OF PHYSICAL THERAPY FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines state that Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. However, this patient has a long history of knee problems with a 2004 date of injury and has been treated previously with therapy. The total number of previous sessions is not noted and there is no clear notation of objective response to previous therapy. It is not clear when the last course of physical therapy was. As such, the request is not medically necessary.