

Case Number:	CM13-0048869		
Date Assigned:	12/27/2013	Date of Injury:	12/31/2012
Decision Date:	06/02/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/06/2013

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, has a subspecialty in Interventional Spine 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 patient is a 49-year-old male with a date of injury 12/31/2012. Per [REDACTED] report 10/11/2013, the patient presents with right knee pain, weighing 200 pounds, has done DonJoy knee brace, doing leg raise exercises, walking 3 blocks that takes 15 minutes. Listed diagnoses are internal derangement of the right knee status post four, if not five surgeries, issues with sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: MTUS Guidelines do not support lidocaine in any formulation other than a patch. It is not recommended in lotion, cream, or other topical formulation. Given that the LidoPro is a cream product, recommendation is for denial.

TEROCIN PATCHES, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60-61.

Decision rationale: MTUS Guidelines support use of lidocaine patches for peripheral arthritis and tendinitis problems, the kind of condition that this patient suffers from. Review of the reports shows that the patient is prescribed Terocin patches, but unfortunately, there are no reports that discuss how this medication has impacted this patient's pain level and function. MTUS Guidelines page 60 states that for medications use in chronic pain, pain and function must be documented. Review of the 10/11/2013 and 11/14/2013 only discuss how this medication is prescribed, but they do not discuss the efficacy. For example, 11/14/2013 report states, the patient uses ice for pain as needed. This is the only mention of the patient's pain and how it is affected by the treatments provided particularly the medications. Without documentation regarding how the patient is responding to the use of these medications, ongoing use of these medications cannot be authorized. Recommendation is for denial.

PROTONIX 20 MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: The treating physician states on 11/14/2013 report that the patient is to use Protonix to treat stomach upset from taking medication. However, the patient is not taking any medication that would upset the patient's stomach, such as NSAID. There is no documentation of GERD or other gastric problems that would require the use of Protonix. Review of the reports under subjective complaints does not discuss patient's stomach problems or any conditions that would affect the stomach. It would appear that the treating physician is prophylactically using Protonix against stomach upset from taking medications, but there is no explanation as to what medication is upsetting the patient's stomach and for what reason. MTUS Guidelines do allow for prophylactic use of PPIs if proper GI assessments are provided for patients taking NSAIDs. However, this patient is not taking any NSAIDs. Recommendation is for denial.