

Case Number:	CM13-0050326		
Date Assigned:	12/27/2013	Date of Injury:	12/05/2000
Decision Date:	03/11/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working least at 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 59-year-old female who reported an injury on 12/05/2000 due to cumulative trauma that reportedly caused injury to the bilateral knees. The patient underwent an MRI in 04/2013 that revealed evidence of a medial meniscus tear and patellofemoral chondromalacia and arthritis. The results were similar for an MRI of the left knee. The patient developed pain in the neck, low back, bilateral wrist, and right shoulder. The patient's chronic pain was managed with physical therapy and medications to include tramadol, naproxen, and Flexeril. The patient's most recent clinical evaluation revealed tenderness to palpation along the paracervical musculature with limited range of motion of the bilateral shoulders and knees secondary to pain. The patient's treatment plan included continuation of medications and a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

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

Decision rationale: The requested tramadol extended release 150 mg #30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by documentation of functional benefit, managed side effects, monitoring for compliant behavior, and quantitative assessment of pain relief. The clinical documentation submitted for review does not provide any evidence that the patient has any pain relief related to medication usage. Additionally, there was no documentation of functional benefit related to medication usage. The clinical documentation does not include any evidence that the patient is monitored for aberrant behavior. Therefore, continued use of an opioid would not be indicated. As such, the requested tramadol extended release 150 mg #30 is not medically necessary or appropriate.

Flexeril 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Flexeril 7.5 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 of time. The California Medical Treatment Utilization Schedule recommends the use of muscle relaxants for short courses of duration. As the clinical documentation does support that the patient has been using this medication for an extended duration and there is no documentation of pain relief or functional benefit, continued use would not be indicated. As such, the requested Flexeril 7.5 mg #60 is not medically necessary or appropriate.

The request for Terocin patches provided on 10/9/13: 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): 111.

Decision rationale: The requested Terocin patches provided on 10/09/2013 are not medically necessary or appropriate. The requested patches contain menthol, methyl silicate, Capsaicin, and Lidocaine. The California Medical Treatment Utilization Schedule does not recommend the use of Capsaicin as a topical formulation unless patients are intolerant to other treatments. The clinical documentation submitted for review does not provide any evidence that the patient is intolerant to other types of therapy. Although the use of methyl silicate and menthol are supported by the California Medical Treatment Utilization Schedule for the use of osteoarthritic pain relief and Lidocaine in the form of a patch is recommended for neuropathic pain, the clinical documentation fails to justify the use of Capsaicin. The California Medical Treatment Utilization Schedule does not support the use of any compounded agent that contains at least 1

drug or drug class that is not recommended. As such, the requested Terocin patches provided on 10/19/2013 are not medically necessary or appropriate.

The request for 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 Topical Analgesics Page(s): 111.

Decision rationale: The prospective request for Terocin patches is not medically necessary or appropriate. The requested patches contain menthol, methyl silicate, Capsaicin, and Lidocaine. The California Medical Treatment Utilization Schedule does not recommend the use of Capsaicin as a topical formulation unless patients are intolerant to other treatments. The clinical documentation submitted for review does not provide any evidence that the patient is intolerant to other types of therapy. Although the use of methyl silicate and menthol are supported by the California Medical Treatment Utilization Schedule for the use of osteoarthritic pain relief and Lidocaine in the form of a patch is recommended for neuropathic pain, the clinical documentation fails to justify the use of Capsaicin. The California Medical Treatment Utilization Schedule does not support the use of any compounded agent that contains at least 1 drug or drug class that is not recommended. As such, the prospective request for Terocin patches is not medically necessary or appropriate.