

Case Number:	CM13-0051932		
Date Assigned:	12/27/2013	Date of Injury:	11/29/2008
Decision Date:	03/13/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

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 Orthopedic Surgery, has a Fellowship trained in Reconstructive Surgery and is licensed to practice in Texas and West Virginia. 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:

This is a 56-year-old female registered nurse who reported an injury on 11/29/2008, when she and another nurse were giving an inmate a shower, and the inmate became combative; while in the process of restraining the inmate, the patient struck her knee against a bathtub, which resulted in immediate pain. In the notice of utilization review decision, 11/01/2013, the medications listed were Tramadol ER 150 mg, Naproxen 550 mg, Prilosec 20 mg, Acetadryl 25/500 mg, Terocin lotion 4 ounces, and Gabapentin 600 mg for neuropathic pain., Medrox patches, and other therapies included cortisone injections to the right knee, TENS unit, hot and cold unit, and a hinged knee brace. MRI on 02/11/2009 of the right knee revealed anterior cruciate ligament injury, at least partial tear with complete myxoid degeneration of anterior horn of lateral meniscus. Repeat MRI on 12/08/2010 of the right knee revealed lateral meniscus tear with loculated fluid collection versus ganglion cyst posterior to knee. Subjective complaints on 10/21/2013 were right knee pain, associated with stiffness, popping, and occasional swelling. The patient declined surgery and additional injections. It was also reported the patient completed 24 physical therapy sessions. Objective findings of the right knee were pain with range of motion, mild laxity at 1+ anterior drawer test, and tenderness. Diagnosis was internal derangement of the right knee and sleep dysfunction. The plan of care was to use Terocin patches and LidoPro lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches, QTY:20.00:

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines

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

Decision rationale: The CA MTUS Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Subjectively, on 11/13/2013, the patient reported pain in both hands and rated the pain 3/10 to 4/10 in the right hand, and in the left hand, 8/10, associated with numbness and tingling in the left hand, worse at night. Also, the patient reported right hand weakness more so on the left. The patient reports using a rigid brace, as well as soft braces at home for support. Given that the CA MTUS Guidelines state that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended, therefore, the request is non-certified.

LidoPro lotion, QTY: 1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines .

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

Decision rationale: The Physician Reviewer's decision rationale: The CA MTUS Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Subjectively, on 11/13/2013, the patient reported pain in both hands and rated the pain 3/10 to 4/10 in the right hand, and in the left hand, 8/10, associated with numbness and tingling in the left hand, worse at night. Also, the patient reported right hand weakness more so on the left. The patient reports using a rigid brace, as well as soft braces at home for support. Given that the CA MTUS Guidelines state that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended, therefore, the request is non-certified.