

Case Number:	CM13-0053314		
Date Assigned:	12/30/2013	Date of Injury:	04/13/2008
Decision Date:	08/14/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/18/2013

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 and 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 injured worker is a 57-year-old male with a date of injury of 4/13/08. The mechanism of injury was a fall on his left knee. His diagnoses were noted to include left knee pain due to medial meniscal posterior horn tear and lateral collateral ligament injury, and partial tear of the anterior cruciate ligament. His previous treatments include medications, surgery, physical therapy, and a knee brace. The progress note dated 10/22/13 revealed that the injured worker complained of persistent left knee pain across the kneecap and down the shin. The injured worker completed physical therapy and said it had been somewhat helpful. The injured worker needed a refill of his medications including Norco, naproxen and Docuprene, as well as a replacement of the TENS pad, which has been helpful. Physical examination revealed the left knee extension was 180 degrees and flexion was 90 degrees, with crepitation with range of motion. The injured worker had mild weakness against resisted function throughout the lower extremities bilaterally. His medications were listed as Norco 10/325 mg #120 for moderate to severe pain, naproxen sodium 450 mg #60 for anti-inflammation, Docuprene 100 mg #60 for constipation, Flexeril 7.5mg #60 for muscle spasms, Lidopro lotion 4 ounces (2-3 times daily), and Terocin patches #20 for topical relief (1 patch 12 hours on and 12 hours off). The progress note dated 12/22/13 revealed that the injured worker complained of pain rated 7-8/10 and stated his medication was functional. The physical examination revealed extension was to 170 degrees and flexion was to 90 degrees with no crepitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: The injured worker has been taking this medication since at least September 2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility; however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. There is a lack of documentation regarding muscle spasms to warrant a muscle relaxants. There is also a lack of documentation regarding efficacy of this medication with improved functional status. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

LIDOPRO LOTION, 4 OZ.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDOCAINE Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The injured worker's been taking this medication since at least September 2013. The California Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when the trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research despite the use of many of these agents. Also, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro lotion consists of lidocaine, which is indicated for neuropathic pain. The guidelines recommend lidocaine for localized peripheral pain after there has been evidence of a first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (other creams, lotions or gels) are indicated for neuropathic pain. The guidelines do not recommend topical lidocaine in any formulation other than a Lidoderm patch. There is a lack of documentation regarding efficacy of this medication with improved functional status. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

TEROCIN PATCHES #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDOCAINE Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The injured worker's been taking this medication since at least September 2013. The California Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when the trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research despite the use of many of these agents. Also, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro lotion consists of lidocaine, which is indicated for neuropathic pain. The guidelines recommend lidocaine for localized peripheral pain after there has been evidence of a first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (other creams, lotions or gels) are indicated for neuropathic pain. The guidelines do not recommend topical lidocaine in any formulation other than a Lidoderm patch. There is a lack of documentation of neuropathic pain to warrant a Terocin patch. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.