

Case Number:	CM13-0061596		
Date Assigned:	12/30/2013	Date of Injury:	08/21/2007
Decision Date:	04/11/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/05/2013

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 21, 2007. Thus far, the applicant has been treated with analgesic medications, topical patches, attorney representation, multiple prior knee surgeries, including a right knee medial meniscectomy and a left total knee arthroplasty, a cane and a TENS unit. In a utilization review report of November 13, 2013, the claims administrator denied a request for both a topical compounded LidoPro cream and topical Terocin patches. The applicant's attorney subsequently appealed. In a progress note of December 5, 2013, the attending provider states that the applicant has retired, has gained 18 pounds, and has not worked since 2011. The applicant uses his cane at times. He has ongoing issues with depression, sexual dysfunction, reflux, diabetes, sleep disorder, and hypertension, all of which he attributes to the industrial injury. The applicant is smoking, it is acknowledged. It is stated that the applicant cannot use oral medications and that he is surviving on his creams. In an earlier note of October 7, 2013, it is stated that the applicant is on Plavix following coronary artery stenting. The applicant is now applying for Social Security Disability, it is acknowledged. He has access to hot and cold wraps and a TENS unit, it is stated. The applicant is able to transfer. The applicant cannot return to his usual and customary occupation, it is stated. On September 30, 2013, it is stated that the applicant needs to employ Lidoderm patches and Terocin. In a medical-legal evaluation of October 18, 2013, it is suggested that the applicant is using numerous oral pharmaceuticals for diabetes and hypertension. It is also noted that the attending provider gave the applicant prescriptions for Flexeril and Naprosyn on February 5, 2013. On March 19, 2013, the applicant was given a prescription for Prilosec. On April 16, 2013 the applicant was given prescriptions for Flexeril, Naprosyn, Prilosec, Acetadryl, and Medrox. On June 13, 2013, the applicant was given Naprosyn, Flexeril, and Prilosec.

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 Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Lidocaine cream/topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain after there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, the bulk of the applicant's pain is orthopedic and mechanical in nature as opposed to neuropathic in nature. The applicant is described as having bilateral advanced knee arthritis and is status post one total knee arthroplasty. It is not clearly stated that antidepressants and/or anticonvulsants have been tried and/or failed here. It is not clear why the applicant cannot take antidepressants and/or anticonvulsants despite his ongoing cardiac issues. He is using numerous other oral pharmaceuticals, including medications for diabetes, hypertension, and dyslipidemia. The applicant was reportedly using numerous first line oral pharmaceuticals, including Naprosyn and Flexeril at various points in the past. No detailed rationale which would corroborate the attending provider's statement that the applicant cannot use oral pharmaceuticals has been provided here. Therefore, the request remains not certified.

30 TEROGIN PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compound such as Terogin which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." The applicant was described as using numerous first line oral pharmaceuticals including Naprosyn and Flexeril, at various points in early to mid 2013. The attending provider did not provide any compelling documentation to support his statement that the applicant cannot use oral pharmaceuticals here. The applicant is using numerous oral pharmaceuticals for various other conditions, including

diabetes, hypertension, dyslipidemia, etc. Therefore, the request for topical Terocin patches is not certified.