

Case Number:	CM13-0061929		
Date Assigned:	12/30/2013	Date of Injury:	02/03/2009
Decision Date:	04/11/2014	UR Denial Date:	11/26/2013
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 Internal Medicine, Pulmonary Diseases, 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 patient is a 56-year-old male who reported an injury on 02/03/2009. The note dated 11/06/2013 indicated the patient underwent a medial chondroplasty on 01/21/2009, and then underwent another surgery approximately 1 year prior to the office visit dated 11/06/2013. The patient had complaints of pain with walking and was only able to walk approximately 10 minutes before he had severe pain. The patient described the pain as sharp, burning, and deep inside the knee. The patient pointed to the medial side of the knee as the source of the pain and stated that the pain traveled around the knee. It is noted the patient was taking Tylenol for pain control. The patient also reported he had had cortisone injections in the past that did not improve his symptoms. Upon examination, there was tenderness to palpation over the medial joint space of the left knee. The range of motion of the knee was unrestricted with extension at 0 degrees and flexion at 145 degrees. The Apley compression test was positive and the McMurray's test was positive. Further into the note dated 11/06/2013 under assessment/plan, it is noted that the physician reported the patient required more medications and the patient was given tramadol, Voltaren, and Terocin, which contradicts the documentation that the patient was taking Tylenol for his pain. It was noted that the unloader brace was for unicompartmental knee arthritis of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 UNLOADER KNEE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The request for 1 unloader knee brace is non-certified. The California MTUS/ACOEM states a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability, although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The records submitted for review failed to include documentation that the patient was going to be involved in activities that would stress the knee under load, such as climbing ladders or carrying boxes. It is noted in the California MTUS/ACOEM Guidelines that a knee brace benefits are more emotional (increasing the patient's confidence) than medical. In addition, the guidelines state that braces need to be properly fitted and combined with a rehabilitation program. The records submitted for review failed to include documentation that the patient was involved in a rehabilitation program. Furthermore, the objective findings failed to include functional deficit to warrant a rehabilitation program. As such, the request for 1 unloader knee brace is not supported. Therefore, the request is non-certified.

TEROCIN CREAM 120ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics, Capsaicin, Lidocaine Page(s): 105, 111, 112.

Decision rationale: The request for Terocin cream 120ml is non-certified. The California MTUS states that salicylate topicals are recommended and are significantly better than placebo in chronic pain. In addition, the California MTUS state that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The California MTUS state topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially-approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The California MTUS also states any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. As such, due to the compounded makeup of Terocin cream containing lidocaine, the use of Terocin cream is not supported. Furthermore, Terocin cream contains capsaicin, which is only recommended as an option in patients who have not responded or are intolerant to other treatments. The records submitted for review failed to include documentation that the patient had not responded or had been intolerant to other treatments. In addition, the records submitted for review failed to include documentation of the effectiveness, documentation of functional

improvement, and documentation of the occurrence or nonoccurrence of side effects of the Terocin cream. As such, the request for Terocin cream 120ml is not supported. As such, the request is non-certified.

1 X-RAY OF THE LEFT KNEE, STANDING, AP, AND LATERAL VIEWS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The request for 1 x-ray of the left knee, standing, AP, and lateral views is non-certified. The California MTUS/ACOEM states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical parameters for ordering knee radiographs following trauma is joint effusion within 24 hours of a direct blow or fall, palpable tenderness over the fibular head or patella, inability to walk (4 steps), or bear weight immediately or within a week of the trauma, inability to flex the knee to 90 degrees. Radiograph is not recommended for meniscus tears, ligament strain, ligament tear, tendonitis, prepatellar bursitis, or regional pain. As such, the request for 1 x-ray of the left knee, standing, AP, and lateral views is not supported. Therefore, the request is non-certified.