

Case Number:	CM13-0063056		
Date Assigned:	12/30/2013	Date of Injury:	12/19/1997
Decision Date:	04/11/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 19, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; Synvisc injections; topical patches; topical creams; transfer of care to and from various providers in various specialties; a cane; a knee brace; and extensive periods of time off work. In a utilization review report of November 29, 2013, the claims administrator retrospectively certified prescriptions for tramadol and Protonix while partially certifying a request for oral diclofenac. Norflex, Terocin, and LidoPro were not certified. Portions of the utilization review rationale were truncated, it appears, as a result of repetitive faxing and photocopying. A December 4, 2013, progress note is notable for comments that the applicant has internal derangement of the bilateral knees and is using a cane to move about. She is hypertensive. She exhibits an antalgic gait. She is not working. She was given refills of tramadol, Norflex, diclofenac, Protonix, and LidoPro. She was asked to continue using hot and cold applications and a TENS unit. An earlier note of October 23, 2013 is notable for comments that the applicant has persistent knee pain with associated popping, clicking, and swelling. The applicant states that usage of medications does allow her to be functional. She is using muscle relaxants for spasms and Prilosec for stomach protection. The applicant denies any depression. She exhibits bilateral joint line tenderness and is using a cane to move about. Synvisc injections, tramadol, Norflex, Terocin, Protonix, and LidoPro were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 10/23/13, Diclofenac Sodium 100 mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Diclofenac Page(s): 71.

Decision rationale: As noted on page 71 of the MTUS Chronic Pain Medical Treatment Guidelines, oral diclofenac (Voltaren) is indicated in the treatment of arthritis. In this case, the employee has longstanding knee arthritis. Per the attending provider, ongoing usage of diclofenac or Voltaren has been employed to treat the employee's inflammatory knee arthritis and has reportedly been successful in terms of reducing pain and improving function. Continuing the same, on balance, is therefore indicated. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.

Retrospective DOS: 10/23/13, Norflex 100 mg, #60: Upheld

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

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

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Norflex are recommended "with caution" as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. In this case, the employee is described as having knee pain as opposed to back pain. Furthermore, muscle relaxants or Norflex are not recommended for chronic, long-term, or scheduled use purposes for which they were intended here. Therefore, the request for Norflex is retrospectively not certified, on independent medical review.

Retrospective DOS: 10/23/13, Terocin patch, #20: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds which are, per page 111 of the MTUS Chronic Pain

Medical Treatment Guidelines "largely experimental." The employee's successful usage of oral diclofenac, certified above, and oral tramadol, previously certified through utilization review, effectively obviate the need for the largely experimental Terocin patch. Therefore, the request remains not certified, on independent medical review.

Retrospective DOS: 10/23/13, LidoPro lotion 4 oz, #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Capsaicin and Section Topical Analgesics Page(s): 28,111. Decision based on Non-MTUS Citation National Library of Medicine (NLM), LidoPro Listing

Decision rationale: LidoPro is an amalgam of lidocaine and capsaicin. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is considered a last-line agent, to be employed only when an applicant has proven intolerant to and/or failed multiple first-line treatments. In this case, however, as noted previously, the employee is using two first-line oral pharmaceuticals, tramadol, and diclofenac, without any reported difficulty, impediment, and/or impairment, effectively obviating the need for the capsaicin component of the LidoPro compound. Since one or more ingredients in the topical compound carry an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request remains not certified, on independent medical review.