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| Case Number: | CM13-0063387 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 11/12/2009 |
| Decision Date: | 05/13/2014 | UR Denial Date: | 12/04/2013 |
| Priority: | Standard | Application Received: | 12/10/2013 |

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 38-year-old male who reported an injury on 11/12/2009. The mechanism of injury was not provided. Current diagnoses include left knee chondromalacia patella, left knee medial meniscectomy, and left knee patellar tendinopathy. The injured worker was evaluated on 11/08/2013. The injured worker was status post left knee arthroscopy on 03/25/2013. The injured worker has attended 6 sessions of physical therapy without benefit. Current medications include ibuprofen, Norco, Theramine, and Terocin patches. Physical examination revealed well-healed portal incisions, tenderness to palpation at the origin of the patellar tendon on the tibial tubercle, crepitation, and 0 to 120 degree range of motion. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES #20 (2 BOXES): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first line therapy. There is no documentation of localized peripheral pain or neuropathic pain upon physical examination. There is no evidence of a trial of first line therapy with antidepressants or anticonvulsants. There is no frequency listed in the current request. Based on the clinical information received, the request is non-certified.

THERAMINE #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) NON-MTUS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN CHAPTER, THERAMINE

Decision rationale: Official Disability Guidelines state Theramine is not recommended. Theramine is a medical food intended for use in the management of pain syndromes. There is no frequency listed in the current request. As guidelines do not recommend the use of this medication, the current request is not medically appropriate. Therefore, the request is non-certified.