

Case Number:	CM13-0069113		
Date Assigned:	01/03/2014	Date of Injury:	11/18/2010
Decision Date:	04/17/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/20/2013

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 patient is a 37-year-old male who was injured on 11/18/2010 while working as a welder and twisted right knee. The treatment history included physical therapy, exercises on his own, and going to the gym. A note dated 07/08/2013 documented the patient to have complaints of bilateral medial joint line tenderness with synovial thickening of both knees. Objective findings on exam included: range of motion is from about 2 degrees bilaterally to 120 degrees with pain at end ranges. There is mild retropatellar tenderness bilaterally. Progress note dated 08/01/2013 documented the patient with complaints of consistent right knee pain at 8/10 on the pain scale. The patient is currently using Valium for insomnia. The treatment plan indicat the patient received a handwritten prescription for Norco 10-325 mg #120 for pain and Valium 10 mg #60 for anxiety and insomnia. Follow up progress note dated 09/06/2013 documented the patient with complaints that right knee pain is constantly 6-7/10 which is decreased from 8/10. Today right knee pain is 5/10. The patient has a serious sleep issue and he is currently on Valium. He is unable to fall asleep without Valium. He also admits to being depressed sometimes due to chronic pain. The follow up progress note dated 10/03/2013 states the patient has not yet worked. He does have access to brace on both knees. He does have cold and hot wrap. He does use a transcutaneous electrical nerve stimulation (TENS) unit and doing chores around the house slowly and not lifting frequently up to 50 pounds. Standing and walking is up to two hours. Sitting is not an issue. He has limitation with buckling especially with the right knee. He also has stiffness and the weather affects him. He has an element of depression as well as diarrhea and sexual dysfunction although he has not seen any psychiatrist. Objective findings on exam included tenderness along the joint line noted. Tenderness along the medial joint line and inner patellar on the right knee with positive McMurray test, negative Lachman's test, negative anterior drawer test, negative varus and valgus and mild crepitation of range of motion. The diagnoses

are: 1. Internal derangement of the knee on right status post meniscectomy twice medially and some meniscectomy laterally at the second surgery. 2. Internal derangement of the knee on the left status post previous interventional treatment and rating for an injury 2007 which aggravated I believe this job. 3. The patient has element of weight gain, sexual dysfunction, depression and diarrhea indeed. Treatment Plan: 1. Naprosyn 550 mg #60 2. Tramadol ER 150 mg #60 He recognizes disallowed Valium, Vicodin and Norco. Suggest success to LidoPro cream and Terocin patches #20. The patient is not getting aggressive medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) BOTTLE OF LIDO PRO CREAM 4 OZ BETWEEN 12/4/13 01/18/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 22,24,111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-113.

Decision rationale: LidoPro cream contains capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. As per CA MTUS guidelines, capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis. The MTUS guidelines indicate there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The MTUS guidelines also indicate that Lidocaine is recommended for neuropathic pain for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitors (SNRIs) anti-depressants or an antiepileptic drug (AED) such as gabapentin or Lyrica. Lidocaine is recommended only in the formulation of a dermal patch, and is not recommended in "other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels. Further guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request for LidoPro cream is non-certified.

NAPROXEN 550MG, #60, BETWEEN 12/4/2013 AND 01/18/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-73.

Decision rationale: As per CA MTUS guidelines, Naproxen (nonsteroidal anti-inflammatory drugs (NSAIDs)) is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the exact length of time this patient has been taking this medication is unknown. He has been taking this medication at least since March 2013 and hence the request is non-certified.

TEROCIN PATCHES, #20, BETWEEN 12/4/2013 AND 01/18/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin patch is a topical analgesic that contains Lidocaine 4% and Menthol 4%. As per the CA MTUS guidelines Lidocaine is recommended for neuropathic pain for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitors (SNRIs) anti-depressants or an antiepileptic drug (AED) such as gabapentin or Lyrica. Topical Lidocaine is recommended in the formulation of a dermal patch. However, in this case, this patient has non-neuropathic pain and the guidelines indicate that trial of 4% Lidocaine resulted no superiority over placebo. Further guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request for Terocin patch is non-certified.

VALIUM 10MG, #60, BETWEEN 12/4/2013 AND 01/18/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Benzodiazepines Page(s): 24.

Decision rationale: Valium is a benzodiazepine and as per CA MTUS guidelines, it is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use of 4 weeks. The records review indicates that this patient is taking Valium chronically, which exceeds the guidelines recommended. Hence, the request is non-certified.