

<b>Case Number:</b>	CM13-0069496		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 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 49-year-old male who reported an injury on 11/11/2011. The mechanism of injury was noted to be a fall. He is diagnosed with status post revision arthroscopy with revision partial medial meniscectomy on 09/24/2013. His current medications were noted to include Vicoprofen. His most recent clinical note provided for review was dated 11/04/2013 and indicated that the patient's symptoms included right ankle pain as well as right knee pain. It was noted that he had injured his ankle when he tripped over his crutches while recovering from his right knee surgery. His physical examination revealed full extension and 100 degrees flexion, as well as weakness in the quadriceps and hamstrings at 3/5. His treatment plan was noted to include a refill of the patient's Vicoprofen, a urine drug screen to assess for compliance, continued physical therapy, and Terocin cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICOPROFEN:** 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 Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status, and the "4 A's" for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical information submitted for review indicated that the patient's current medications at his 11/04/2013 follow up visit included Vicoprofen. It was noted that the patient requested a refill of his Vicoprofen; however, there was no documentation indicating a positive outcome with use of this opioid medication, including decreased pain and increased function. Further, there was no documentation indicating adverse side effects with use of this medication or evidence of aberrant drug taking behaviors. In the absence of this detailed documentation required by the guidelines for the ongoing use of opioid medications, the request is not supported. As such, the request is non-certified

**TEROCIN CREAM (QUANTITY NOT GIVEN):** 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 Topical analgesics Page(s): 111-113.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. They are noted to be primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, the guidelines indicate that any compounded topical product that contains at least 1 drug that is not recommended, is not recommended. Terocin cream is noted to include menthol 4% and lidocaine 4%. In regard to topical lidocaine, the California MTUS Guidelines indicate that topical lidocaine, in the formulation of the Lidoderm patch is FDA approved for the treatment of neuropathic pain. The clinical information submitted for review failed to show evidence of neuropathic pain to warrant use of topical lidocaine. Additionally, as the Lidoderm patch is the only FDA approved formulation of topical lidocaine, the request for the compounded Terocin cream which contains topical lidocaine is not supported. As such, the request is non-certified.

**URINE TOXICOLOGY SCREENING:** 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 Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, use of drug screening for patients taking opioid medications may be recommended with documentation of suspicion of abuse, addiction, or poor pain control. The clinical information submitted for review indicated that urine drug test was being ordered in order to assess the patient's compliance with the

medications. However, in the absence of documentation of abuse, addiction, or other aberrant drug taking behaviors, urine drug screening is not supported. As such, the request is non-certified.

**PHYSICAL THERAPY 2 X 6 TO RIGHT KNEE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** According to the California MTUS Guidelines, physical therapy treatment is recommended following a meniscectomy at 12 visits over 12 weeks. As the patient was shown to have previously completed 12 visits of physical therapy, the documentation would need to show specific evidence of objective functional gains made in those previous 12 visits to support continued therapy visits. Additionally, as the patient has exceeded the postsurgical physical medicine treatment period, exceptional factors would be needed in order to support the need for further rehabilitation. Due to this lack of documentation and evidence of objective measurable functional gains made with previous physical therapy, the request is not supported. As such, the request is non-certified.