

Case Number:	CM13-0072731		
Date Assigned:	01/17/2014	Date of Injury:	11/20/1995
Decision Date:	06/06/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/31/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with industrial injury of November 20, 1995. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, consultation with a knee surgeon, who apparently recommended a total knee arthroplasty and extensive periods of time off of work. It appears that the applicant has retired from her former place of employment, it is further noted. In a Utilization Review Report dated December 23, 2013, the claims administrator seemingly denied request for multiple topical compounded drugs. The applicant's attorney subsequently appealed. A progress noted dated January 23, 2014 was notable for comments that the applicant was reporting persistent 4-10/10 pain. The applicant was receiving Vicodin and morphine from another physician and receiving topical lotion and patches from a second physician. Terocin and LidoPro were apparently refilled. The applicant was given diagnoses of internal derangement of the knee, impingement syndrome of the shoulder, weight gain, and sleep disorder. Permanent work restrictions were endorsed, which are apparently keeping the applicant from returning to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO LOTION 4 OUNCES (RETRO-DISPENSED IN OFFICE 12-12-2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Lidocaine Indications..

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

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's reportedly successful usage of two first-line oral pharmaceuticals, Norco and morphine, effectively obviates the need for topical compounds such as LidoPro which are deemed, per page 111 of the California MTUS Chronic Pain Medical Treatment Guidelines "largely experimental," as a class. Therefore, the request is not medically necessary.

TEROCIN PATCHES #20(RETRO-DISPENSED IN OFFICE 12-12-2013),: Upheld

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

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

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's seemingly successful usage of multiple first-line oral pharmaceuticals, including Norco and morphine, effectively obviates the need for topical compounds such as Terocin, which are deemed, as a class, "largely experimental," per page 111 of the California MTUS Chronic Pain Medical Treatment Guidelines. In this case, the attending provider did not proffer any applicant-specific rationale, narrative, or commentary which would offset the unfavorable MTUS recommendations. Therefore, the request is not medically necessary.