

<b>Case Number:</b>	CM14-0003425		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	01/08/2002
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 patient is a male who has filed a claim for internal derangement of the knees associated with an industrial injury date of January 08, 2002. A review of progress note from January 2014 reports that patient is wearing a hinged brace and is using a cane. The patient is unable to use the back brace due to abdominal hernia. The patient also experiences problems with sleep, stress, and depression. The patient has weight loss of 40 pounds overall. Findings include tenderness along the joint line of both knees. There is weakness to resisted function on the right knee, and decreased flexion on the left. Mention of an MRI of the left knee from 2009 showed medial meniscus tear. The treatment to date has included opioids, Soma, Ambien, knee and back bracing, hot and cold wrap, TENS, three right knee arthroscopies since 2010 including meniscectomy, and low back surgery. Utilization review from December 24, 2013 denied the request for ELS brace for the right knee as there was no documentation of instability; Terocin patches #30 as there was no documentation regarding failure of first-line treatment and LidoPro cream 4oz as there is no support for the use of this medication. There is modified certification for Soma 350mg #120 as patient has been on this medication long-term and weaning had been initiated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF SOMA 350 MG, #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Muscle Relaxants Page(s): 29, 65.

**Decision rationale:** Pages 29 and 65 of California MTUS Chronic Pain Medical Treatment Guidelines state that Soma is not recommended. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. The limited documentation does not provide information as to when this patient has been started on this medication. There is no documentation regarding functional benefits derived from this. There is mention that patient has previously been authorized for weaning doses of this medication. There are no findings to support use of a muscle relaxant, and this medication is not recommended. Therefore, the request for Soma 350mg #120 was not medically necessary.

**1 ELS BRACE FOR THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, Knee brace.

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, criteria for use prefabricated knee braces include knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Custom fabricated knee braces may be used in patients with abnormal limb contour, skin changes, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, or severe instability. From the limited progress note, there is no objective finding of right knee instability to support this use. Therefore, the request for ELS brace for the right knee was not medically necessary.

**1 PRESCRIPTION OF TEROGIN PATCHES, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics Page(s): 56-57, 112.

**Decision rationale:** Terocin Patch contains 4% Lidocaine and 4% Menthol. According to California MTUS Chronic Pain Medical Treatment Guidelines, topical Lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic

pain. In addition, California MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). There is no documentation that patient has failed first-line therapy. Also, there is no documentation regarding neuropathic pain in this patient. Therefore, the request for Terocin patches #30 was not medically necessary.

**1 PRESCRIPTION OF LIDOPRO CREAM, 4 OUNCES: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Salicylate, Topical Analgesics Page(s): 28, 105, 111-112.

**Decision rationale:** An online search indicates that LidoPro is composed of Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. California MTUS Chronic Pain Medical Treatment Guidelines page 111 states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, California MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, California MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, California MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. There is no indication that this patient has failed first-line therapy. Also, Lidocaine is not recommended for use in creams. Therefore, the request for LidoPro cream was not medically necessary.

**1 PRESCRIPTION OF SOMA 350 MG, #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Muscle Relaxants Page(s): 29, 65.

**Decision rationale:** Pages 29 and 65 of California MTUS Chronic Pain Medical Treatment Guidelines state that Soma is not recommended. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Therefore, the request for Soma 350mg #120 was not medically necessary per the guideline recommendations of California MTUS. The limited documentation does not provide information as to when this patient has been started on this medication. There is no documentation regarding functional benefits derived from this.

There is mention that patient has previously been authorized for weaning doses of this medication. There are no findings to support use of a muscle relaxant, and this medication is not recommended. Therefore, the request for Soma 350mg #120 was not medically necessary.

**1 PRESCRIPTION OF VALIUM 10 MG, #30: Upheld**

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

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

**Decision rationale:** As noted on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. There is no documentation regarding use of this medication. Progress note does not describe patient's symptoms of anxiety. There is insufficient information to support use of this medication. Previous utilization review determination, dated December 24, 2013, has already certified this request once. Therefore, the request for Valium 10mg #30 is not medically necessary.