MAXIMUS Federal Services

Case Number:	CM14-0004395		
Date Assigned:	02/03/2014	Date of Injury:	01/10/2008
Decision Date:	07/21/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/12/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 61-year-old male with a date of injury of 01/10/2008. The patient's diagnoses included olecranon bursitis, shoulder bursa and tendon disorders, shoulder region disorder and enthesopathy of the knee. According to progress report 12/02/2013 by [redacted] the patient is status post right knee total knee arthroplasty on 10/02/2013. The patient notes good results in terms of reduction in pain and improvement in function with the knee surgery. An examination revealed spasm, tenderness and guarding in the paravertebral musculature of the lumbar spine. The left knee showed patellar crepitus and right knee revealed well healed incision. Per the physician, the medications provide patient with pain relief and improves functional status. The physician recommends decreasing the amount of Norco at the 7.5 mg strength to once per day. It was noted Tramadol will be provided for the lower level of pain he experiences during the day. The request is for Cidaflex, Hydrocodone, Norflex, Paroxetine, Omeprazole, Nabumetone, and Terocin patches. No request for authorization accompanies this medical file. The utilization review denied the request on 01/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE CIDAFLEX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter Glucosamine & Chondroitin..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate), page 50 Page(s): 50.

Decision rationale: This patient is status post right total knee arthroplasty on 10/02/2013. This request is for Cidaflex. On 04/15/2013, the physician noted "glucosamine will be provided. There is also no dosing or recommended duration of this medication. The MTUS Guidelines page 50 has the following regarding glucosamine "recommended as an option given its low risk in patients with moderate arthritis pain especially for knee osteoarthritis." In this case, the patient is recovering status post knee arthroplasty with noted reduction in pain and improvement in function. There is no concern of osteoarthritis. The requested Cidaflex is not medically necessary.

RETROSPECTIVE NORFLEX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), page 63 Page(s): 63.

Decision rationale: This patient is status post right total knee arthroplasty on 10/02/2013. This request is for Norflex. This medication is a muscle relaxant, similar to Flexeril. The MTUS guidelines do not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. In this case, on 12/02/2013 the physician noted spasms on examination, in which a short course of muscles relaxants may be warranted. However, the physician provides no dosing or quantity recommendation. A recommendation cannot be made on an open-ended prescription. Furthermore, the MTUS does not support long-term use of muscle relaxants. Therefore the request is not medically necessary.

RETROSPECTIVE TEROCIN PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chapter Topical Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 111 Page(s): 111.

Decision rationale: This patient is status post right total knee arthroplasty on 10/02/2013. This request is for Terocin patch. Terocin patches contain Salicylate, Capsaicin, Menthol, and Lidocaine. The MTUS Guidelines page 112 states under Lidocaine, "Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical Lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." The MTUS states that for compounded products, if one of the components is not recommended then the entire product is not recommended. In this case, the physician does

not indicate for what condition this patch is used for. Topical non-steroidal anti-inflammatory drugs can be used for peripheral joint arthritis/tendinitis, but Lidocaine is only supported for neuropathic pain. Without knowing for what condition this patch is being used, one cannot determine its appropriateness. Therefore the request is not medically necessary.

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