

Case Number:	CM14-0107995		
Date Assigned:	08/01/2014	Date of Injury:	06/30/1997
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/11/2014

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 72 year old with an injury date on 6/30/97. Patient complains of frequent, aching pain in his left knee with stiffness/weakness, and a noticeable popping (but no locking, and occasional mild giving-way) per 4/3/14 report. Patient has some right knee pain but less than on the left per 4/3/14 report. Patient had a recent flare-up of left knee pain, but no new injuries per 4/3/14 report. Based on the 4/3/14 progress report provided by [REDACTED] the diagnoses are: 1. s/p left knee surgery x 32. s/p right knee surgery x 13. chondromalacia/early arthritis Exam on 4/3/14 showed "diffuse tenderness noted medially with pain with compression of the patellofemoral joint. Mild crepitus is noted. Negative patellofemoral apprehension sign. No gross instability with varus/valgus stress. Range of motion from 0-125 degrees. Negative anterior and posterior drawer sign. No significant joint effusion or soft tissue swelling." [REDACTED] is requesting terocin patches, terocin cream, flurbi (NAP) cream, and gabaclcyotram cream. The utilization review determination being challenged is dated 6/23/14. [REDACTED] is the requesting provider, and he provided a single treatment report from 4/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine: pg 111-113I. Topical AnalgesicsMTUS, pg 105Salicylate topicals Page(s): 111-113; 105. Decision based on Non-MTUS Citation ODG-TWC, Low BackBiofreeze cryotherapy gel: Recommended as an optional form of cryotherapy for acute pain. See also Cryotherapy, Cold/heat packs. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. Whereas ice packs only work for a limited period of time, Biofreeze can last much longer before reapplication. This randomized controlled study designed to determine the pain-relieving effect of Biofreeze on acute low back pain concluded that significant pain reduction was found after each week of treatment in the experimental group. (Zhang, 2008).

Decision rationale: This patient presents with bilateral knee pain, left greater than right and is s/p 3 left knee surgeries of unknown dates. The provider has asked for terocin patches but the date of the request is not known. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. Regarding topical lidocaine, MTUS recommends it for localized peripheral pain, and for neuropathic pain, after other agents have been tried and failed. This patient presents with diffuse musculoskeletal pain of the knees which lidocaine is not indicated for. Therefore, Terocin patches is not medically necessary and appropriate.

Terocin cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine: pg 111-113MTUS, pg 105Salicylate topicals Page(s): 111-113, 105.

Decision rationale: This patient presents with bilateral knee pain, left greater than right and is s/p 3 left knee surgeries of unknown dates. The provider has asked for terocin cream. Terocin is lidocaine with menthol. MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding topical lidocaine, MTUS recommends it for localized peripheral pain, and for neuropathic pain, after other agents have been tried and failed. This patient presents with diffuse musculoskeletal pain of the knees which lidocaine is not indicated for. As lidocaine is not indicated, the entire terocin cream compound is also not indicated. Therefore, Terocin cream is not medically necessary and appropriate.

Flurbi (NAP) cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine: pg 111-113MTUS, pg 105Salicylate topicals Page(s): 111-113, 105.

Decision rationale: This patient presents with bilateral knee pain, left greater than right and is s/p 3 left knee surgeries of unknown dates. The provider has asked for flurbi (NAP) cream which contains flurbiprofen, lidocaine, and amitriptyline. MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS does not recommend topical use of tricyclic antidepressants. As amitriptyline is not indicated, the entire flurbi (NAP) cream compound is also not indicated. Therefore, Flurbi (NAP) cream is not medically necessary and appropriate.

Gabacyclotram cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X MTUS Topical Medicine: pg 111-113 MTUS, pg 105 Salicylate topicals Page(s): 111-113, 105.

Decision rationale: This patient presents with bilateral knee pain, left greater than right and is s/p 3 left knee surgeries of unknown dates. The provider has asked for gabacyclotram cream which contains gabapentin, cyclobenzaprine, and tramadol. MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS does not recommend Gabapentin for topical use. As topical Gabapentin is not indicated, the entire compound Gabacyclotram is also not indicated for use. Therefore, Gabacyclotram cream- is not medically necessary and appropriate.