

Case Number:	CM14-0012620		
Date Assigned:	02/21/2014	Date of Injury:	08/17/2001
Decision Date:	11/17/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/31/2014

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 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 injured worker (IW) is a 60-year-old woman who sustained a left knee injury on August 17, 2001. The mechanism of injury was not documented in the medical record. The injured worker's medical history is significant for diabetes, metabolic syndrome, and obesity. The IW is status-post left knee meniscal repair June 2000. An MRI of the left knee dated July 10, 2013 demonstrated: Complex tear of posterior horn or medial meniscus measuring approximately 7-8 mm with slight peripheral extrusion of meniscal tissue and extensive subchondral edema of the periphery of the medial tibial plateau. Plan of care at that time included: Request for aquatic therapy, Diclofenac #60, and left knee arthroscopy with medial meniscectomy, synovectomy and ACL augmentation. A progress report dated March 14, 2013 reports that the IW had Hyalgan injections, which did not help with her pain. She cannot wear a knee brace because it does not stay on her leg. At that time, she had recently gained 30 pounds, which caused increased knee pain. She is taking Diclofenac ER BID. A progress report dated January 7, 2014 notes that the IW has persistent knee pain, as well as right knee pain. She uses a cane, and a front-wheeled walker has been provided. She also has complaints of insomnia and depression due to the pain. Examination reveals tenderness along left knee joint and mild swelling. Extension is 170 degrees. Flexion is 90-100 degrees with pain. Diagnoses include: Internal derangement of the left knee status-post previous arthroscopy. Recent MRI of the left knee shows a meniscus tear for which she needs surgery. She is waiting for nuclear scan results from her cardiologist to proceed with surgery. Medications include Terocin patch, LidoPro lotion, Tramadol ER, Trazadone (for sleep), and Naproxen sodium. A provider note dated December 5, 2013 indicated that the prior treatments including Cortisone injection, and Hyalgan injection have not helped. She does not have access to hot and cold warps. The IW was not going to therapy at the time, but was using a

TENS unit. There is no mention in the medical record regarding the efficacy of her current medications including those for sleep and depression, or the TENS unit that she is using.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES # 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, topical Terocin is not medically necessary. Terocin ingredients vary depending upon manufacturer. It may include lidocaine and menthol in one manufacturer and, in another manufacturer, methyl salicylate, Capsaisin, menthol and lidocaine. The Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. These drugs are primarily recommended for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no evidence that any of these topical compounds are being used for the treatment for neuropathic pain. Additionally, the ODG guidelines state menthol is not recommended. Any compounded product that contains at least one drug (menthol) that is not recommended is not recommended. Consequently, Terocin is not recommended. Also, there is no evidence of a failed trial of first-line recommended medications or that the injured worker is unable to tolerate oral medications. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, the request for Terocin is not medically necessary.

LIDOPRO LOTION 4 OZ QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Topical Analgesics

Decision rationale: Pursuant to California MTUS Chronic Pain Medical Treatment Guidelines, Lidopro lotion is not medically necessary. Lidopro consists of Capsaisin, Lidocaine, Menthol, Methyl salicylate. These topical lotions are primarily recommended for neuropathic pain. Topical analgesics are largely experimental with few controlled trials to determine efficacy and

safety. Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended. In this case, there is no documentation to support the injured worker is being treated for neuropathic pain. Additionally there is no evidence the patient has responded or is intolerant to other oral preparations. Also, any compounded product that contains at least one drug (menthol) that is not recommended is not recommended. Consequently, because menthol is not recommended, the topical compound Lidopro is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Lidopro is not medically necessary.

TRAZODONE 50 MG # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Trazodone

Decision rationale: Pursuant to the Official Disability Guidelines, Trazodone is not medically necessary. The guidelines state trazodone is a recommended treatment for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone is an antidepressant medication used for treatment of insomnia because of its sedating properties. The guidelines note there is less evidence to support its use for insomnia and any improvements in sleep onset because it may be offset by negative next day effects such as ease of awakening. In this case, the treating physician did not document whether there has been functional improvement with Trazodone. Trazodone's use is documented in the record, however no documentation as to whether erratic sleeping has been improved. Moreover, the documentation from September 24, 2013 states (from the injured worker) "she cannot sleep." There has been no functional improvement with Trazodone and the IW continues to be depressed. Based on the clinical information in the medical record (and the lack of functional improvement with sleep (pattern) and the peer-reviewed evidence-based guidelines, the request for trazodone is not medically necessary.