

Case Number:	CM14-0126127		
Date Assigned:	08/13/2014	Date of Injury:	07/14/2010
Decision Date:	09/18/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/08/2014

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 Pain Management 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 is a 65 year-old female with a date of injury of 7/14/2010. The patient's industrially related diagnoses include lumbago, lumbosacral neuritis, internal derangement of the left knee, left ankle strain, and right foot plantar fasciitis. The disputed issues are MRI of bilateral knees and Terocin patches, no quantity indicated. A utilization review determination on 7/25/2014 had noncertified these requests. The stated rationale for the denial of the MRI to bilateral knees was that "x-ray and/or MRI are recommended for the evaluation of knee sprains, particularly to rule out fracture" Furthermore, "as there were recent MRIs of the knees, there is no sufficient documentation or rational for MRIs at this time." The stated rational for the denial of Terocin patches was that " as there is no indication of neuropathic pain, there is not sufficient documentation or rational for pharmacy purchase of Terocin Patches."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM: Knee DisordersMRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343.

Decision rationale: The ACOEM Chapter 13 recommend knee MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion; clear signs of a bucket handle tear, to determine extent of ACL tear preoperatively (Table 13-6 on page 347 and algorithm 13-3). In addition, ACOEM guidelines identify MRI as superior to bone scan and plain radiographs in the diagnostic workup of meniscus tear, ligament strain, ligament tear, patellofemoral syndrome, tendinitis, as well as pre-patellar bursitis (ACOEM, table 13-5, page 343). The injured worker had an MRI of the left knee on 12/26/10 and of the right on 1/29/11. In the utilization review report, it is stated that she also had bilateral knee MRIs on 6/7/12 with "no noted tear, early degeneration, and current objective findings essentially negative." The reports of these MRIs were not available for review. It is further noted that bilateral MRIs were repeated again on 3/28/14. Again reports were not available for review. There is no clear indication why repeat bilateral knee MRIs are requested at this time. According to the ODG Knee and Leg chapter, "repeat MRIs are recommended if need to assess knee cartilage repair tissue" in the post-surgical patient. There is no documentation available for review that the injured worker underwent any surgical procedure. Therefore, due to lack of clinical evidence and documentation, repeat bilateral knee MRIs is not medically necessary.

Terocin patches (no quantity indicated): 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 Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Knee and Leg.

Decision rationale: Terocin Patches are a topical formulation consisting of Menthol 4% and Lidocaine 4%. The Chronic Pain Medical Treatment Guidelines on page 111 states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Thus, each active ingredient should be analyzed in making a determination of medical necessity. For topical lidocaine, the Chronic Pain Medical Treatment Guidelines on pages 112-113 states the following: "Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain.... No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." There is no documentation of a trial of the recommended first-line therapy as stated in the guidelines above. On 1/30/12, it is noted that the injured worker was prescribed the following medications: Anaprox as an NSAID, Prilosec for GI symptoms, Zanaflex as a muscle relaxer, Norco for pain, and Remeron 50mg BID "to treat her symptoms of anxiety and depression." Although it is documented that the injured worker has neuritis associated with her low back on her diagnosis list, she does not meet the guidelines to use topical lidocaine. Furthermore, the guidelines state that besides Lidoderm, no other lidocaine formations are indicated for neuropathic pain. Therefore Terocin patches are not medically necessary.

