

Case Number:	CM14-0150158		
Date Assigned:	09/18/2014	Date of Injury:	01/07/2009
Decision Date:	10/20/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/15/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 68-year-old female with a 1/7/09 date of injury; the mechanism of the injury was not described. The patient was seen on 2/24/14 with complaints of pain in the bilateral knees. Exam findings of the left knee revealed no erythema, swelling and no tenderness. The range of motion was: flexion 135 degrees and extension 0 degrees and McMurray test was positive. The note stated that the patient did not wish to proceed with the knee arthroscopy. The patient was noted to be on Norco, Soma and other medications. The diagnosis is other and unspecified derangement of the medial meniscus. Treatment to date: medications. An adverse determination was received on 9/4/14; the determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Terocin lotion 240 ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin Page(s): 11.

Decision rationale: An online search revealed that Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The

California MTUS Chronic Pain Medical Treatment Guidelines do not recommend compounded medications including lidocaine (in creams, lotion or gels), for topical applications. In addition, the MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While guidelines would support a capsaicin formulation, the above compounded topical medication is not recommended. There is a lack of rationale with regards to the need for Terocin lotion for the patient. In addition, this medication contains lidocaine that is not supported for topical applications due to the Guidelines. Therefore, the request is not medically necessary.

60 Carisoprodol 350 mg: Upheld

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

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

Decision rationale: The California MTUS states that Soma (Carisoprodol) is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. The progress notes indicated that the patient was taking Soma, however the duration of the treatment is unknown. There was a lack of documentation indicating subjective or objective functional gains from the treatment with Soma. In addition, the physical examination did not reveal any muscle spasms. Lastly, the patient was noted to be on Norco and it has been known that Soma augments or alters the effects of other medications, including opiates. Therefore, the request for Carisoprodol 350 mg was not medically necessary.

Hydrocodone / apap 2.5-325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient was noted to be on Norco 10/325 on 2/24/14, however, given the 2009 date of injury the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. There is no

rationale with regards to the need for Hydrocodone/Apap given that the patient was already taking Norco. Therefore, the request for Hydrocodone/Apap 2.5- 325 mg was not medically necessary.