

Case Number:	CM14-0170864		
Date Assigned:	10/23/2014	Date of Injury:	11/15/2007
Decision Date:	11/25/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/16/2014

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 58 year old male with an injury date of 11/15/07. Based on the 07/30/14 progress report, the patient complains of left bilateral knee pain. He has pain with varus of valgus stress in the right knee. In regards to the left knee, the patient has medial and lateral joint line pain. There is some crepitation as well as pain with patella femoral compression. The 10/06/14 report indicates that the patient also has upper/mid/lower back pain, right wrist pain, and bilateral thigh pain. He describes his pain as pins and needles, burning, and electric. The patient ambulates with a cane. Regarding the lumbar spine, on palpation, paravertebral muscles, tenderness is noted on both the sides. He has a positive straight leg raise on the left in supine position. On sensory examination, light touch sensation is decreased over lateral calf on the left side, sensation to pin prick is decreased over lateral foot and lateral thigh on the left side. The 07/19/2012 MRI of the lumbar spine revealed that there was "mild to moderately severe multilevel degenerative disc disease as well as degenerative joint disease causes lateral recess and neural foraminal narrowing... Mild ongoing reactive edema is seen at a few locations of degenerative disc disease consistent with some ongoing reactive changes superimposed on chronic degenerative disc disease." The patient's diagnoses include the following: 1) Bilateral knee pain 2) Painful right total knee arthroplasty (Right knee arthroscopy in June 2008 and right total knee arthroplasty in May 2009) 3) Right knee arthritis 4) Chronic pain syndrome 5) Depression The utilization review determination being challenged is dated 11/15/07. Treatment reports were provided from 08/23/13- 10/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: According to the 10/06/14 report, the patient presents with upper/mid/lower back pain, right wrist pain, and bilateral thigh pain. The request is for an ESI. The 10/06/14 report also mentions that the patient's "Last LESI performed [was] performed approximately 2 years ago which 'helped me out a lot'; change in patient's condition." In reference to an epidural steroid injection, MTUS Guidelines state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." MTUS Guidelines pages 46 and 47 continue to state, "in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year." In this case, there is no documentation of reduction in medication or improvement in function from this patient's prior ESI. The treater has not provided any positive exam findings regarding the patient's lumbar spine. The 07/19/2012 MRI of the lumbar spine revealed that there was mild to moderately severe multilevel degenerative disc disease and degenerative joint disease. The patient presents with non-dermatomal, diffuse leg symptoms without corroborating MRI findings. ESI would not be indicated therefore request is not medically necessary.

Baclofen 10 Mg 1 Po Tid 90/30 Days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: According to the 10/06/14 report, the patient presents with upper/mid/lower back pain, right wrist pain, and bilateral thigh pain. The request is for Baclofen 10 mg 1 PO TID 90/30 days. Baclofen was first mentioned on the 10/06/14 report. For muscle relaxants or pain, the MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations to patients with chronic lower back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most lower back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement." A short course of muscle relaxant for patient's reduction of pain and muscle spasm is appropriate but not for long term. The treater does not indicate that this is to be used for short-term and the prescription is written for 1 PO TID 90/30 days therefore request is not medically necessary.

Terocin Patch 4-4% #30 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: According to the 10/06/14 report, the patient presents with upper/mid/lower back pain, right wrist pain, and bilateral thigh pain. The request is for Terocin Patch 4-4% #30 2 refills. The 10/06/14 report states that the patient may "continue topical analgesics;" it is unknown when the patient began to take Terocin patch. Terocin patches are dermal patches with 4% lidocaine, 4% menthol. MTUS for topical lidocaine states, "Indication: neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI, antidepressants 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." In this case, the treater does not indicate where these patches will be applied to, or if they will be used for neuropathic pain. Based on the patient's diagnosis, there is no neuropathic pain that is peripheral and localized therefore request is not medically necessary.