

<b>Case Number:</b>	CM14-0022730		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Occupational 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:

According to the provided documents, this is a 36-year-old man who had a twisting injury to his left knee 5/22/12 (on the letter from the attorney requesting the IMR there are also dates of injury of 8/27/12 and 2/1/12). He had an MRI which showed a medial meniscus bucket handle tear and possible ACL tear of the knee surgery 1/31/13 was found only have a bucket handle medial meniscal tear which was repaired. He did not improve as expected and he went back to surgery in 2013. The meniscus had not healed and it was removed. As of a 10/16/13 Orthopedic report patient was felt to be P&S (permanent and stationary) with regard to the left knee and was released to regular work. That report noted that there was some complaint of right knee pain that had not been authorized for treatment. The patient was also concurrently followed by another physician who continued to treat his knee complaints after the orthopedic P&S report. He has also had treatment with PT; H-Wave. He did return to regular work and then was laid off in October 2013. Documents indicate he got another job after that. The disputed treatments are Prilosec 20 mg, Terocin 4-4% patch and Lenza Gel 4-1% addressed in utilization review determinations of 2/14/14. That indicates there was a request for authorization dated 2/7/14. This addressed retrospective reviews for Prilosec, terocin and tramadol ER. The tramadol ER was certified the other 2 were not. There was another utilization review summary report with request date of 2/12/14 and report date of 2/14/14. This referenced a narrative report of 1/27/14. That report was provided with the documentation and it indicated patient was having minimal left knee pain, working full-time in the job and wanted a refill of pain medication. It states that the patient was having minimal pain in the left knee, walked with a limp with some guarded movements. The knee exam was reportedly positive for Apleys test, McMurray's and negative varus and valgus stress test. Range of motion was normal. The diagnosis was reported to be old disruption of anterior cruciate ligament and other internal derangement of the knee. There was

also another utilization review determination with the date of 2/14/14 provided that retrospective review for Lenza gel and naproxen There are reports from the requesting physician that indicate that the Lenza Gel 4-1% started 8/26/14, terocin 4-4% 11/25/13. Prilosec was reported as early as 9/27/13.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prilosec 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, G.I. symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** Prilosec, also known as omeprazole is a proton pump inhibitor, supported by MTUS guidelines for concurrent use with nonsteroidal anti-inflammatory medications (NSAIDs) for patients who are at high risk for gastrointestinal side effects from his medications. The patient is being prescribed naproxen which is a nonsteroidal anti-inflammatory medication. There is no mention that the patient is at high risk for gastrointestinal side effects to the NSAIDs. The patient is less than 65. There is no history of peptic ulcer, GI bleeding or perforation. There is no concurrent use of ASA, corticosteroids, and/or an anticoagulant. There is no use of high dose/multiple NSAID. Therefore, based upon the evidence and the MTUS guidelines, the request is not medically necessary.

**Terocin 4-4% External Patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>

**Decision rationale:** According to the website noted above this contains 4% menthol and 4% lidocaine. MTUS topical pain guidelines only support use of topical lidocaine for peripheral neuropathic pain. None of the reports document that this patient has any neuropathy or that there is pain localizing peripherally from that. There is no rationale for treatment outside the guidelines. Therefore, based upon the evidence and the guidelines, the request is not considered to be medically necessary.

**Lenza Gel 4-1%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=e8aa0e47-68e1-462c-a609-58548448da44>

**Decision rationale:** According to the website above, this also contains 4% lidocaine; however, it contains 1% menthol. The topical lidocaine is again not supported by the evidence or the guidelines per the same rationale noted above. This is also not considered be medically necessary.