

<b>Case Number:</b>	CM14-0025557		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Family Practice, 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:

38 yr. old female claimant sustained a work injury on 6/24/13 involving the left knee. He was diagnosed with a left knee medial collateral ligament Grade 1 sprain. A progress note on 6/24/13 indicated the claimant had undergone 12 sessions of physical therapy. Knee examination was notable for limitation in extension. The physician recommended over the counter analgesics, home exercises and an active hone program. Prior urine screen was performed on 3/13/13 which was negative for controlled substances. A progress note on 9/18/13 indicated the claimant had continued knee pain. No exam was done. Based on an orthopedic surgeon recommendation, an additional 12 session of physical therapy was requested. A physical therapy evaluation on 9/19/13 indicated the claimant had 5/10 knee pain. Exam findings were notable for stiffness in the left knee and pain with walking or sitting. Electrical stimulation was provided along with hot/cold packs. In a subsequent visit, urine toxicology was performed and the result on 11/15/13 was negative for controlled substances. The claimant had also been place on Relafen and topical Terocin cream for several months for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (PT) 12 VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. In this case, the claimant had already received 12 visits and was performing home exercises. There is no indication for additional physical therapy. The request for an addition 12 sessions of physical therapy is not medically necessary

**MUSCLE STIMULATOR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 and 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-116.

**Decision rationale:** According to the MTUS guidelines, a TENS unit (similar to a muscle stimulator) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified. The request for muscle stimulator is not medically necessary.

**URINE TOXICOLOGY SCREENING DOS 11/15/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 83-91.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. The claimant had 2 prior negative urine screens with no signs of abuse. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

**MEDSX2: RELAFEN 750MG 1X/DAY, TEROGIN CREAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics NSAIDs Page(s): 111-112 67.

**Decision rationale:** Terocin contains .025% Capsaicin, 25% Methyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is 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). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that has one drug that is not recommended is not recommended and therefore Terocin is not medically necessary. In addition, NSAIDs such as Relafen are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. In this case, the claimant had been on NSAIDs for months. There is no indication of arthritis or failure of 1st line treatment. The Relafen is not medically necessary.