

Case Number:	CM14-0026649		
Date Assigned:	06/13/2014	Date of Injury:	04/23/2007
Decision Date:	07/16/2014	UR Denial Date:	02/22/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 55 year old male who was injured on 4/23/2007. He has been diagnosed with internal derangement of the right knee s/p medial and lateral menisectomy, chondroplasty with grade III chondromalacia along the medial facet of the patella and medial femoral condyle; and internal derangement of the left knee due to compensation for the right knee. On 2/21/14 UR reviewed a 2/11/14 report and recommended non-certification for 2 prescriptions for glucosamine 500mg; tramdol ER 150mg; Lidopro lotion; Terocin patches; and a left knee unloader brace. The 2/11/14 report was not available for this IMR, but there is a 2/7/14 orthopedic report from [REDACTED], the patient presents with persistent right knee pain s/p menisectomy, and also has some left knee pain. He has an unloader brace for the right knee but no the left. He was given glucosamine for joint supplementation, tramadol ER for pain, and LidoPro lotion and Terocin patches for topical relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 PRESCRIPTIONS OF GLUCOSAMINE 500 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: The patient presents with persistent right knee pain s/p meniscectomy, and also has some compensatory left knee pain. The request is for 2 prescriptions for glucosamine 500mg, #90. There is not enough information provided to determine if the request is in accordance with the MTUS Chronic Pain Guidelines. The MTUS Chronic Pain Guidelines states there is support for glucosamine sulfate but not for glucosamine hydrochloride. The medical report provided for IMR does not state whether the form of glucosamine is the glucosamine sulfate or glucosamine hydrochloride. The information provided is not sufficient to verify that the requested glucosamine is the form recommended under the MTUS Chronic Pain Guidelines. As such, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF TRAMADOL ER 150MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: The records show the patient has been on tramadol since at least 8/27/13. The medical reports show the patient's pain levels around 7-8/10, but do not discuss whether Tramadol helps with decreasing the pain, or improving function or improve the quality of life. The MTUS Chronic Pain Guidelines' criteria for long-term use of opioid require: "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The medical reports did not show pain or function compared to a baseline. The reporting requirements for continued use of Tramadol ER have not been met. The request is not in accordance with the MTUS Chronic Pain Guidelines' criteria. As such, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF LIDOPRO LOTION 4OZ #1: Upheld

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

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

Decision rationale: The patient presents with persistent right knee pain s/p meniscectomy, and also has some compensatory left knee pain. The request is for LidoPro lotion. This is a compound topical containing capsaicin, lidocaine, methyl salicylate and menthol. The MTUS Chronic Pain Guidelines gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended." The product contains Lidocaine that is not in the dermal patch form. The MTUS Chronic Pain Guidelines specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by the MTUS Chronic Pain Guidelines' criteria. Recommendation is for denial. As such, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF TEROGIN PATCHES #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The patient presents with persistent right knee pain s/p meniscectomy, and also has some compensatory left knee pain. The request is for Terocin patches. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The MTUS Chronic Pain Guidelines states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS Chronic Pain Guidelines for topical lidocaine states: "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)." And "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain." The ODG discusses menthol as the active ingredient in Biofreeze that takes the place of ice packs, and is recommended on "acute" low back pain. The patient is not in the acute phase of care, and menthol is not recommended for chronic conditions. The MTUS Chronic Pain Guidelines states topical lidocaine is recommended for neuropathic pain, which was not reported in the diagnoses. There does not appear to be trials of first-line therapy such as TCA or SNRI or AEDs. Based on the information provided, it does not appear that the patient meets the MTUS Chronic Pain Guidelines' criteria for a topical lidocaine dermal patch, or any compounds that contain menthol. The request for the Terocin patch for the non-neuropathic pain in the knees, in the chronic phase, and without trials of first line TCAs, SNRIs or AEDs is not in accordance with MTUS Chronic Pain Guidelines. As such, the request is not medically necessary and appropriate.

1 UNLOADING BRACE FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The patient presents with persistent right knee pain s/p meniscectomy, and also has some compensatory left knee pain. The patient is reported to have an unloader brace for the right knee, but does not have one for the left. The request is for the unloader brace for the left knee. The ACOEM Guidelines state: "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." The patient does not have a left knee cruciate or collateral ligament tears, and no mention of patella instability. The ACOEM Guidelines does not support the use of a brace unless the patient is going to be stressing the knee under load. The request for an unloader brace for the left knee pain is not in accordance with the ACOEM Guidelines. As such, the request is not medically necessary and appropriate.