

Case Number:	CM14-0042686		
Date Assigned:	06/30/2014	Date of Injury:	11/24/2009
Decision Date:	08/19/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/09/2014

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 Medicine and is licensed to practice in Texas. 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 injured worker is a 58 year old female who reported an injury to her left knee when she stood up abruptly and struck her head on a shelf causing her to fall on her left knee and ankle on 11/24/09. Impairment rating dated 12/06/13 indicated the injured worker doing well; however, complaining of mild pain with prolonged walking and standing. The injured worker underwent total knee arthroplasty on 05/15/13 with continued physical therapy. The injured worker reported moderate pain at the left knee with work related activities. Clinical note dated 02/10/14 indicated the injured worker completing 24 sessions of post-operative physical therapy following total knee arthroplasty on left. The injured worker was currently weighing 195 pounds. The injured worker underwent weight loss program resulting in 41 pound weight loss. Qualified medical examiner dated 02/17/14 indicated the injured worker previously being referred to the lender weight loss program in order to undergo left knee replacement. The injured worker lost approximately 30 pounds and underwent post-operative therapy. The injured worker reported good range of motion in the left hand at the affected knee. The injured worker continued with ibuprofen and naproxen for pain relief. Upon exam the injured worker demonstrated -2-104 degrees of range of motion at the left knee. Clinical note dated 04/22/14 indicated the injured worker showing medial and lateral joint line tenderness. Severe patellofemoral crepitation was also identified. The injured worker was recommended to continue Terocin lotion and undergo continued weight loss program. The utilization review dated 03/11/14 resulted in denials for Terocin lotion as topical compounded medications were considered experimental without proven efficacy. The request for weight loss program resulted in denial as no information was submitted regarding the intended duration of program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule, Food and Drug Administration and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Continue Lindora weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.)Cheryl L. Rock, PhD, RD; Shirley W. Flatt, MS; Nancy E. Sherwood, PhD; Njeri Karanja, PhD; Bilge Pakiz, EdD; Cynthia A. Thomson, PhD, RD. October 27, 2010, Vol 304, No. 16. Effect of a Free Prepared Meal and Incentivized Weight Loss Program on Weight Loss and Weight Loss Maintenance in Obese and Overweight Women.2.)Nejat EJ, Polotsky AJ, Pal L. Predictors of chronic disease at midlife and beyond--the health risks of obesity. Maturitas. 2010;65(2):106-111.

Decision rationale: The request for weight loss program through Lindora is non-certified. Clinical documentation indicates the injured worker completing initial portion of weight loss program with resultant 41 pound weight loss. Given the completion of weight loss program with positive results it would be reasonable for the injured worker to undergo continued home treatments with focus on weight loss to include diet control and a reasonable exercise pattern. Therefore, an additional continuation of a weight loss program is not fully indicated for this injured worker at this time.

