

Case Number:	CM14-0043415		
Date Assigned:	07/02/2014	Date of Injury:	07/10/2008
Decision Date:	08/20/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/10/2014

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:

This case involves a 57 year old female claimant who sustained a work related injury on 07/10/08 to her left knee. She was diagnosed with internal derangement of the knee. A progress note dated 02/18/2014, indicated she had undergone another fall and had been using Vicodin for the pain. She developed low back stiffness and numbness in the left knee. She saw a chiropractor on her own and received some benefit from a visit. Physical findings include paraspinal muscle tenderness in the lumbar region, bruising of the knee and both ankles, and swelling over the medial joint line of the left knee. The treating physician requested Lidopro lotion and Terocin patches for topical pain relief as well as 12 sessions with a chiropractor to help improve range of motion of the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Medicine.

Decision rationale: According to the MTUS guidelines, manual or chiropractic therapy is recommended as an option as therapeutic care. Furthermore, an initial trial of 6 visits over 2 weeks should be considered as we as documented evidence of objective functional improvement with a total of up to 18 visits over 6-8 weeks. In this case, the evaluation by the chiropractor is not known however, a trial of 6 visits is appropriate rather than 12 visits before additional are ordered. In general the treatment is an optional but not necessary. As such, the request is not medically necessary.

Lidopro lotion 4 oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidopro contains lidocaine and 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, the claimant has not failed tri-cyclics or SSRIs. There is no indication of neuropathy from diabetes or herpetic infection therefor, the use of Lidopro is not medically necessary.

Terocin patches #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Terocin patch contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound contains lidocaine and 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). Any compounded drug that has one drug that is not recommended is not recommended. Since topical Lidocaine is not necessary, Terocin patches are not medically necessary.