

Case Number:	CM14-0047195		
Date Assigned:	07/02/2014	Date of Injury:	08/10/2010
Decision Date:	08/01/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/15/2014

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:

The patient is a 52 year old male who was injured on 08/10/2010. He sustained an injury to his right foot and right knee when he slipped and fell while climbing a ladder. The patient underwent a right knee arthroscopy (date unknown). Initial Ortho consult dated 02/17/2014 states the patient complained of right knee pain, right foot and ankle pain, left knee pain, low back pain, and bilateral hip pain. He reports associated weakness, numbness and tingling and giving way. On examination of the right knee, he has diffuse tenderness. There is pain with compression of the patellofemoral joint. Range of motion is from 0 to 115 degrees. The patient has equivocal McMurray's test and negative anterior and posterior drawer sign. The right foot/ankle reveals Tinel's sign the tarsal tunnel. He is tender diffusely about the sinus tarsi region as well as along the medial aspect of the joint. Assessment is status post right knee arthroscopy, chondromalacia/early arthritis of the right knee, and chronic right foot/ankle pain. The treatment plan included refill of his medications and request authorization for urinalysis. Prior utilization review dated 04/02/2014 states the requests for Retrospective: Terocin patches #30 per report dated 02/17/2014 Quantity: 30.00, Retrospective: Terocin 240ml per report dated 02/17/2014 Quantity: 30.00 are not authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Terocin patches #30 per report dated 02/17/2014 Quantity: 30.00: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Topical analgesics.

Decision rationale: This is a 52 yr. old male with an ankle and knee injury S/P knee arthroscopic surgery. The CA MTUS/ODG does not recommend Terocin patches which contain Menthol/Lidocaine for/as chronic knee/ankle pain. Criteria for use of Lidoderm patches: (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. (i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. Based upon the criteria as well as the clinical documentation stated above, the request is not medically necessary.

Retrospective: Terocin 240ml per report dated 02/17/2014 Quantity: 30.00: 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): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Topical analgesics.

Decision rationale: This is a 52 yr. old male with an ankle and knee injury S/P knee arthroscopic surgery. The CA MTUS/ODG does not recommend Terocin patches which contain Menthol/Lidocaine for/as chronic knee/ankle pain. Criteria for use of Lidoderm patches:(a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-

neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. (i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. Based upon the criteria as well as the clinical documentation stated above, the request is not medically necessary.

Retrospective: Genicin 500mg #90 per report dated 02/17/2014 Quantity: 90.00: 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 Official Disability Guidelines (ODG) Knee, Glucosamine with chondroitin.

Decision rationale: The CA MTUS/ODG Guidelines do recommend Glucosamine/Chondroitin for Osteoarthritis. The request is for continued treatment with these medications and there have been no objective functional improvement documented. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). For all herbals and dietary supplements, there may be concerns for potential interactions with prescription and over-the-counter medications and lack of manufacturing quality controls. (Richy, 2003) (Ruane, 2002) (Towheed-Cochrane, 2001) (Braham, 2003) (Reginster, 2007) (Reginster, 2001) (Pavelka, 2002) (Clegg, 2006) (Reichenbach, 2007) The Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) funded by the National Institutes of Health concluded that glucosamine hydrochloride (GH) and chondroitin sulfate were not effective in reducing knee pain in the study group overall, but the GAIT investigators did not use glucosamine sulfate (GS). (Distler, 2006) Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. Differences in results originate from the differences in products, study design and study populations. Symptomatic efficacy described in multiple studies performed with glucosamine sulphate (GS) support continued consideration in the OA therapeutic armamentarium. Compelling evidence exists that GS may reduce the progression of knee osteoarthritis. Results obtained with GS may not be extrapolated to other salts (hydrochloride) or formulations (OTC or food supplements) in which no warranty exists about content, pharmacokinetics and pharmacodynamics of the tablets. (Reginster, 2007) [Note: DONA Glucosamine Sulfate is the original crystalline glucosamine sulfate (GS), which was first developed and marketed for human use by ██████████, funding some of the initial trials. Glucosamine hydrochloride (GH) is not proprietary, so it tends to be less expensive but there has also been less funding for quality studies.] See also the Knee Chapter, since many

studies involved arthritis of the knee. Based on the CA MTUS/ODG Guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Retrospective: Flurbi (nap) cream 180gm per report dated 02/17/2014 Quantity: 30.00:
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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Topical analgesics.

Decision rationale: The CA MTUS/ODG indicates that the only NSAID used for topical analgesia that is FDA approved is Voltaren gel and other NSAIDS are not recommended. The only available FDA-approved topical NSAID is diclofenac. Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren package insert) Clinical trial data suggest that diclofenac sodium gel (the first topical NSAID approved in the US) provides clinically meaningful analgesia in OA patients with a low incidence of systemic adverse events. (Altman, 2009) The medical records do not document objective functional improvement with topical NSAID. Based on the CA MTUS/ODG Guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Retrospective: Gabacyclotram 180gm per report dated 02/17/2014 Quantity: 30.00: 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): :111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Topical analgesics.

Decision rationale: The CA MTUS/ODG Guidelines recommend against the use of topical gabapentin There is no peer-reviewed literature to support use. The medical records document no objective functional improvement with the use of this medication. Further, the documents show Topical gabapentin/cyclobenzaprine and tramadol are not FDA approved for topical use. Based on the CA MTUS/ODG Guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.