

<b>Case Number:</b>	CM14-0112337		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/06/2013
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 is a 46-year-old female with a date of industrial injury 7-6-2013. The medical records indicated the injured worker (IW) was treated for left pelvic inferior ramus fracture based on physical exam and x-ray; left knee incidental osteochondroma with strain, without meniscal tear; left ankle grade II to III anterior talofibular ligament tear; posterior tibial tendinitis; and lumbosacral spine degenerative disc disease and facet arthropathy with radicular-type symptoms of the left lower extremity (per MRI). In the progress notes (7-29-13 and 9-3-13), the IW reported pain in the left ankle, knee, pelvis and hip. Medications were Omeprazole 20mg, Tizanidine 4mg, Naprosyn 500mg and Tylenol #3. On examination (9-3-13 notes), there was tenderness over the medial and lateral joint lines of the left knee with moderate swelling and positive patellar grind. McMurray's sign was negative. The left ankle was tender on palpation at the posterior tibial tendon and with range of motion. The lumbar paraspinal muscles were non-tender and without spasm. FABER sign was negative. Waddell signs were 0 out of 5 and there were no focal motor or sensory deficits. Treatments included left knee steroid injection (9-3-13) with Lidocaine and Marcaine. The IW was on modified work status. The documentation on 9-3-13 did not address the requested Hydrocodone-APAP 7.5-325mg or Terocin patch. A Request for Authorization was received for retrospective Lidocaine without epinephrine for date of service 9-3-13; retrospective Hydrocodone-APAP 7.5-325mg for date of service 9-3-13; and retrospective usage of Terocin patch for date of service 9-3-13. The Utilization Review on 6-18-14 non-certified the request for retrospective Lidocaine without epinephrine for date of service

9-3-13; retrospective Hydrocodone-APAP 7.5-325mg for date of service 9-3-13; and retrospective usage of Terocin patch for date of service 9-3-13.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective DOS 09/13/13: Lidocaine without Epinephrine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg Procedure Intra-articular Corticosteroid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter/Corticosteroid Injections Section.

**Decision rationale:** The MTUS guidelines do not address the use of Lidocaine without Epi. Per the ODG, corticosteroid injection are recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three. In this case, there was very little documentation surrounding the date of this request (09/03/13). The clinical rationale for the injection was not noted and the injured worker had not been diagnosed with osteoarthritis. The request for retrospective DOS 09/13/13: Lidocaine without Epinephrine is determined to not be medically necessary.

#### **Retrospective DOS 09/03/13: Hydrocodone/APAP 7.5/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there was no clinical rationale for prescribing this medication and the documentation on 9-3-13 did not address the requested Hydrocodone-APAP 7.5-325mg. Additionally, there was no quantity information included with this request. The request for retrospective DOS 09/03/13: Hydrocodone/APAP 7.5/325mg is determined to not be medically necessary.

**Retrospective DOS 09/03/13: Terocin Patch: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per manufacturer's information, Terocin Patch is a combination topical analgesic with active ingredients that include menthol 4%, and Lidocaine 4%. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The MTUS Guidelines recommend the use of topical Lidocaine primarily for peripheral neuropathic pain when trials of antidepressant and anticonvulsants have failed. It is not recommended for non-neuropathic or muscular pain. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. In this case, there was no clinical rationale for prescribing this medication and the documentation on 9-3-13 did not address the requested Terocin Patch. Additionally, there was no quantity information included with this request. The request for retrospective DOS 09/03/13: Terocin Patch is determined to not be medically necessary.