MAXIMUS Federal Services

Case Number:	CM14-0133227		
Date Assigned:	08/22/2014	Date of Injury:	08/14/2012
Decision Date:	04/24/2015	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/20/2014

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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:

The injured worker is a 58 year old male who sustained an industrial injury on 08/14/2012. Treatment to date includes left knee replacement on 07/13/2013, knee brace, physical therapy, medications, cold pack, custom touch heat pack and repetitive transcranial magnetic stimulation and cognitive behavioral psychotherapy. Other treatments include hinged knee support and cane. He presents on 04/23/2014 with complaints of left knee and mild left hip pain. Physical exam revealed tenderness upon palpation of the left knee. Left knee range of motion was restricted by pain. There was left knee crepitus. Diagnosis includes status post left knee replacement, left knee meniscal tear and left knee internal derangement. The injured worker also has diabetes mellitus (diet controlled.) The provider requested Voltaren Gel and notes the injured worker is on an up to date pain contract and his previous urine drug screens were consistent with no aberrant behaviors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic.

Decision rationale: Guidelines state that topical lidocaine may be recommended for localized peripheral pain after failed first line therapy such as antidepressant or antiepileptics. It is recommended for treatment of post herpetic neuralgia, but not other types of chronic pain. In this case, the patient is on Naprosyn and topical Voltaren gel for treatment of chronic knee pain which is not neuropathic. The request for Terocin patches #30 is not medically appropriate and necessary.