

Case Number:	CM14-0186927		
Date Assigned:	11/17/2014	Date of Injury:	03/19/2013
Decision Date:	01/05/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 39 year old female with an injury date of 03/19/13. Based on the 11/05/14 progress report provided by treating physician, the patient complains of left knee, left ankle and left posterior leg pain rated 4/10. The patient wears a left knee and ankle sleeve. Physical examination to the left knee revealed left greater than right knee valgus. McMurray's caused anterior knee pain. Examination of the left ankle revealed tenderness to palpation to the left anterior talofibular, calcaneofibular and Achilles tendons, and range of motion was decreased, especially on extension degrees. Per Request for Authorization form dated 10/14/14, provider is requesting Terocin cream, Terocin patch and Medrox patch for the diagnosis of joint pain lower leg. Diagnosis 11/05/14 status post left knee arthroscopy and debridement with grade 2 to 3 chondromalacia to the patellofemoral joint 10/19/13; moderate to severe reactive depression, mild anxiety; grade 1 left anterior talofibular and calcaneofibular sprain with mild Achilles tendinitis; and diabetes, non-occupational. The utilization review determination being challenged is dated 10/27/14. Treatment reports were provided from 10/14/13 - 11/05/14., and range of motion was decreased, especially on extension degrees. Per Request for Authorization form dated 10/14/14, provider is requesting Terocin cream, Terocyn patch and Medrox patch for the diagnosis of joint pain lower leg. Diagnosis 11/05/14- status post left knee arthroscopy and debridement with grade 2 to 3 chondromalacia to the patellofemoral joint 10/19/13.- moderate to severe reactive depression, mild anxiety- grade 1 left anterior talofibular and calcaneofibular sprain with mild Achilles tendinitis- diabetes, non-occupational The utilization review determination being challenged is dated 10/27/14. Treatment reports were provided from 10/14/13 - 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin cream unspecified quantity and strength: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine , Lidocaine Indication, Topical Creams Page(s): 57, 112, 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Lidoderm® (Lidocaine Patch)

Decision rationale: The patient presents with left knee, left ankle and left posterior leg pain rated 4/10. The patient is status post left knee arthroscopy and debridement with grade 2 to 3 chondromalacia to the patellofemoral joint 10/19/13. Patient wears a left knee and ankle sleeve. Patient's diagnosis dated 11/025/14 included grade 1 left anterior talofibular and calcaneofibular sprain with mild Achilles tendinitis and non-occupational diabetes. MTUS guidelines page 57 states, "topical lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain recommended for localized peripheral pain." When reading Official Disability Guidelines (ODG) guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Per Request for Authorization form dated 10/14/14, provider is requesting Terocin cream for the diagnosis of joint pain lower leg. MTUS page 111 states that if one of the compounded topical product is not recommended then the entire product is not. In this case, the requested topical compound contains Lidocaine in lotion form, which is not supported for topical use by MTUS. Therefore, this request is not medically necessary.

Terocin, patch unspecified quantity and strength: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine, Lidocaine Page(s): 57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Lidoderm® (Lidocaine Patch)

Decision rationale: The patient presents with left knee, left ankle and left posterior leg pain rated 4/10. The patient is status post left knee arthroscopy and debridement with grade 2 to 3 chondromalacia to the patellofemoral joint 10/19/13. Patient wears a left knee and ankle sleeve. Patient's diagnosis dated 11/025/14 included grade 1 left anterior talofibular and calcaneofibular sprain with mild Achilles tendinitis and non-occupational diabetes. MTUS guidelines page 57 states, "topical lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading Official Disability Guidelines (ODG), it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Per Request for Authorization form dated 10/14/14, provider is requesting Terocin patch for the diagnosis of joint pain lower leg. The patient has knee and ankle pain, for which topical lidocaine patch might be indicated. However, the treating physician does not discuss how it is used with what efficacy. Furthermore, the amount in the request is unspecified. Therefore, this request is not medically necessary.

Medrox patch unspecified quantity and strength: 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 Creams Page(s): 111. Decision based on Non-MTUS Citation Non-MTUS Drugs.com

Decision rationale: The patient presents with left knee, left ankle and left posterior leg pain rated 4/10. The patient is status post left knee arthroscopy and debridement with grade 2 to 3 chondromalacia to the patellofemoral joint 10/19/13. The patient wears a left knee and ankle sleeve. The patient's diagnosis dated 11/025/14 included grade 1 left anterior talofibular and calcaneofibular sprain with mild Achilles tendinitis and non-occupational diabetes. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per Request for Authorization form dated 10/14/14, provider is requesting Medrox patch for the diagnosis of joint pain lower leg. According to drugs.com, Medrox patch contains menthol 5g in 100g, capsaicin 0.0375% in 100g. The MTUS Guidelines allow capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. Medrox patch contains 0.0375% of capsaicin, which is not supported by MTUS. Therefore, this request is not medically necessary.