

Case Number:	CM14-0193432		
Date Assigned:	12/18/2014	Date of Injury:	09/30/2000
Decision Date:	01/31/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/18/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. 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 injured worker is a 70-year-old male with a date of injury of September 20, 2000. He sustained an industrial injury to his right knee when it was struck by a barrel full of syrup. The injury aggravated an underlying arthritis and caused a minor sprain. Surgery was performed on February 25, 2001 consisting of arthroscopic chondroplasty and debridement and a partial medial meniscectomy... Postoperatively he continued to have pain in his knee and degenerative changes have progressed per progress notes. On September 9, 2014 an orthopedic evaluation revealed he was ambulating with a cane and had a custom-made brace for his knee. He needed cortisone and Hyalgan injections for the arthritis and some documentation indicated that Hyalgan was not working. He could sit for 10 minutes and walk for 30 minutes. He had difficulty with kneeling, squatting, and stairs. On examination there was tenderness over the lateral patella. McMurray was positive on the lateral aspect. Range of motion was satisfactory. There was 1+ laxity with valgus testing with discomfort. The recommendation was operative arthroscopy with chondroplasty and meniscectomy. A request for authorization was filed. The request was noncertified by utilization review for lack of a recent documented physical therapy program. Additional requests for compounded topical analgesics were also noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidodpro cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical lidocaine Page(s): 28, 112.

Decision rationale: Lido-pro cream is a compounded topical cream containing Capsaicin, lidocaine, menthol, and methyl salicylate. Topical lidocaine is only indicated in neuropathic pain. The documentation does not indicate the presence of neuropathic pain. The guidelines indicate compounded topical preparations are not recommended if one of the ingredients is not recommended. Capsaicin is not recommended except as an option in patients who have not responded or are intolerant to other treatments. The documentation does not indicate intolerance to other drugs and as such the request for lido-pro is not supported and the medical necessity is not established.

Unknown prescription of Terocin Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical lidocaine Page(s): 28, 112.

Decision rationale: Terocin is a compounded drug that contains lidocaine, capsaicin, salicylate, and menthol. Topical lidocaine is only indicated in neuropathic pain. The documentation does not support the presence of neuropathic pain. The guidelines state that if there is one drug or drug class that is not recommended, then the compounded preparation is not recommended. Capsaicin is not recommended except as an option in patients who are intolerant to other treatments. The documentation does not indicate lack of tolerance to other treatments and therefore the request for Terocin is not supported by guidelines and as such the medical necessity of the request is not established.