

Case Number:	CM14-0196074		
Date Assigned:	12/04/2014	Date of Injury:	08/02/2005
Decision Date:	01/15/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/24/2014

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 Preventive 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:

This is a male injured worker with a date of injury of August 2, 2005. Mechanism of injury is unknown. Diagnoses include left knee medial meniscus tear, bilateral knee chondromalacia, bilateral lateral epicondylitis, left elbow olecranon bursitis, cervical spinal stenosis and left upper extremity radiculopathy. On December 19, 2013, the injured worker underwent a left knee diagnostic arthroscopy, arthroscopic partial medial meniscectomy, arthroscopic tricompartmental major synovectomy and arthroscopic debridement/chondroplasty. On October 6, 2014, he complained of neck pain, low back pain and knee pain. The neck pain was noted to radiate to the medial border of the scapulae. Physical examination revealed mild subjective range of motion of the shoulder. He had good range of motion of his cervical spine. MRI revealed spondylitic changes at C4-5, C5-6 and C6-7. There was a combination of degeneration of the intervertebral disc. This has led to facet arthropathy and ligamentum laxity, all causing moderate central spinal stenosis at C4-C5. This was also associated with moderate biforaminal stenosis consistent with C6 nerve root. Treatment modalities included physical therapy and medication. There was a recommendation for consideration of injections if his symptoms become more significant. A request was made for unknown ibuprofen cream and/or Terocin patches. On October 23, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ibuprofen cream/ Terocin patches, DOS: 10/6/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) and Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding Ibuprofen cream, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. Regarding Terocin, Terocin contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis and presumed cervical radiculopathy, mild. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, there is no documentation of intended short-term use (4-12 weeks). Furthermore, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Finally, Terocin contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Ibuprofen cream/ Terocin patches, DOS: 10/6/14 is not medically necessary.