

Case Number:	CM14-0198488		
Date Assigned:	12/08/2014	Date of Injury:	11/20/2010
Decision Date:	01/26/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 64 year old male with an injury date of 11/20/10. Based on the 08/18/14 progress report, the patient complains of right knee pain with clicking and popping. He also has instability and crepitation with range of motion. The 09/16/14 report states that he continues to have right knee pain with the knee giving out. The patient has tenderness along the right knee, medial greater than lateral joint line with no swelling present. The 10/15/14 report indicates that the patient has right knee pain and is stressed. He has motion loss, stiffness, weather effects, swelling, buckling, and limping. He has issues sleeping and depression as well. The patient has tenderness along the medial joint line and the inner patella as well as outer patella. The patient's diagnoses include the following: Internal derangement of the knee on the right with progressive loss of articular surface medially, status post arthroscopy, micro-fracture technique meniscectomy more medially than laterally and Chronic pain syndrome. The utilization review determination being challenged is dated 11/24/14. Treatment reports were provided from 07/14/14- 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg QTY#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: According to the 10/15/14 report, the patient presents with right knee pain, stress, issues sleeping, and depression. The request is for Flexeril 7.5mg G QTY #60. There is no indication of when the patient began taking Flexeril. MTUS page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The 10/15/14 report indicates that Flexeril "has been helpful." It is unknown when the patient began taking Flexeril. MTUS guidelines do not recommend use of Cyclobenzaprine for longer than 2-3 weeks. Since the date the patient initially began taking Flexeril is not provided, he may have already exceeded the 2-3 weeks recommended by MTUS guidelines. Therefore, the requested Flexeril is not medically necessary.

Terocin patches QTY#20: 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 Lidoderm (Lidocaine Patch); Lidocaine Page(s): 56-57 and 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic) Chapter, Lidoderm (Lidocaine Patch).

Decision rationale: According to the 10/15/14 report, the patient presents with right knee pain, stress, issues sleeping, and depression. The request is for Terocin Patches QTY #20. It appears as though the patient was first prescribed Terocin patches on 10/15/14. Terocin patches are dermal patches with 4% lidocaine, 4% menthol. 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)." Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading 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 documented for pain and function. In this case, the patient right knee pain, instability, crepitation with range of motion, and tenderness along the medial joint line and the inner/outer patella. There is no indication of where these patches will be applied to or if they will be used for neuropathic pain. Furthermore, the patient does not present with peripheral, localized neuropathic pain. The requested Terocin patch is not medically necessary.

LidoPro cream QTY#1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111 and 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

Decision rationale: According to the 10/15/14 report, the patient presents with right knee pain, stress, issues sleeping, and depression. The request is for LidoPro Cream QTY #1. It appears as though the patient was first prescribed LidoPro Cream on 10/15/14. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding Topical Analgesics, MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control 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." The patient right knee pain, instability, crepitation with range of motion, and tenderness along the medial joint line and the inner/outer patella. MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. In this case, guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Since lidocaine is not indicated for this patient, the entire compound is not recommended. Therefore, the requested LidoPro lotion is not medically necessary.