

Case Number:	CM14-0040734		
Date Assigned:	06/27/2014	Date of Injury:	07/21/2008
Decision Date:	03/24/2015	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/07/2014

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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 53-year-old female with a reported date of injury on 07/21/2009. The mechanism of injury was not provided. The patient's diagnoses were noted to include internal derangement of the knee. An MRI of the left knee, performed on 02/20/2012, was noted to reveal chondromalacia patellae and patellofemoral joint arthropathy; arthritic changes in the knee joint; sprain of the medial collateral ligament and anterior cruciate ligament; findings suspicious for grade 3 tear of the posterior horn of the medial meniscus; and findings suspicious for tear of the anterior and posterior horns of the lateral meniscus. The most recent clinical note dated 01/14/2014, noted the patient had continued symptomatology of the left knee. On clinical examination, it was noted that there was tenderness to the bilateral knee joint line, with minimal swelling. There was also noted a positive McMurray's and positive patellar compression test. It was noted under the treatment plan that a surgical intervention for the patient's knees was recommended, and that the physician was seeking pre-approval for postoperative medication. This medication was noted to include Ondansetron #60, cyclobenzaprine #120, and Terocin patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg tablets, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: According to the California MTUS, cyclobenzaprine is more effective than placebo in the management of back pain. However, the effect is modest and is greatest in the first 4 days of treatment. Therefore, the treatment guidelines suggest a short term course of therapy; no longer than 2 to 3 weeks. The documentation provided indicated that this medication is being prescribed in the postoperative setting. The request as provided grossly exceeds the guideline recommendations of use no longer than 3 weeks. Therefore, the request for cyclobenzaprine HCL 7.5 mg tablets, #120, is not medically necessary.

Ondansetron ODT 8mg tablets #60.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Pain Procedure Summary the use of anti-emetics (for opioid nausea)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea).

Decision rationale: The CA MTUS/ACOEM Guidelines do not address the use of Zofran. However, the Official Disability Guidelines state that antiemetics, such as Zofran, are not currently recommended for nausea and vomiting secondary to chronic opioid use. However, it may be recommended for acute use for treatment of nausea and vomiting associated with chemotherapy, radiation treatment, and/or for use in the acute postoperative setting. While it was noted in the documentation that the medications were being requested for prospective postsurgical use, assuming that the surgery has been approved, the request for this medication is not appropriate, as it grossly exceeds the treatment guideline recommendations of acute use within the postoperative setting. Therefore, the request for Ondansetron ODT 8 mg tablets, #60, is not medically necessary.

Terocin Patch #30.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Lidocaine Page(s): 105, 111, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>

Decision rationale: Per the referenced Dailey Med website, Terocin patches are a topical form of lidocaine and menthol. According to the California MTUS Guidelines, topical analgesics are largely experimental in use. However, it may be recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines continue to state that any compounded product that contains at least 1 drug (or drug class) that is not recommended, that the entire product is not recommended. The guidelines continue to state that topical lidocaine, in the form of Lidoderm, may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica); however, no other commercially approved topical formulation of lidocaine is currently approved. In addition, the guidelines recommend treatment with topical methyl salicylates. This requested medication cannot be supported. This medication contains a nonapproved form of topical lidocaine, thus making the entire product not approved. Additionally, there is no indication within the documentation that first line treatment options have not been beneficial and there is no indication that the patient suffers from neuropathic pain which would benefit from the use of this topical medication. Therefore, the request for Terocin patch, #30, is not medically necessary.