

Case Number:	CM15-0104830		
Date Assigned:	06/09/2015	Date of Injury:	01/24/2014
Decision Date:	07/14/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41-year-old male, who sustained an industrial injury on 01/24/2014. According to a progress report dated 04/16/2015, the injured worker complained of left knee pain. Pain level was rated 8 on a scale of 0-10. Pain radiated to the left leg. Medications were helping and adequately managing pain. He showed no evidence of developing medication dependency. Level of sleep had decreased due to difficulty staying asleep. Quality of sleep was poor. Pain level was increased since the last visit. The injured worker was having left knee surgery the following day. Current medication regimen included Fenopfen, Norco, Omeprazole, Terocin patch, Lunesta, Lidopro ointment, Meloxicam and Senna Laxative. Diagnoses included pain in joint of lower leg, arthropathy not otherwise specified of lower leg, thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Treatment to date has included medications and electromyography. On 03/20/2015, the injured worker underwent a lateral release and meniscectomy. He had increased pain since the surgery. Prescriptions were given for Norco, Terocin patch, Lunesta, Lidopro ointment, Meloxicam and Senna Laxative. The injured worker was advised to consult with his other provider before taking any medications before his scheduled surgery or post-surgery including pain patches and ointment. Currently under review is the request for Terocin patch, Lunesta and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch 4-4% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for left knee pain. When seen, pain was rated at 8/10. He was having ongoing difficulty sleeping. Left knee arthroscopic surgery was scheduled for the next day. Physical examination findings included an antalgic gait. There was decreased and painful lumbar spine range of motion with positive left straight leg raising. There was decreased and painful knee range of motion with a mild effusion. There was decreased left lower extremity strength and sensation. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.

Lunesta 1 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for left knee pain. When seen, pain was rated at 8/10. He was having ongoing difficulty sleeping. Left knee arthroscopic surgery was scheduled for the next day. Physical examination findings included an antalgic gait. There was decreased and painful lumbar spine range of motion with positive left straight leg raising. There was decreased and painful knee range of motion with a mild effusion. There was decreased left lower extremity strength and sensation. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia

is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, whether the claimant has primary or secondary insomnia has not been determined. Lunesta has been prescribed on a long-term basis and appears to be ineffective. Therefore, the continued prescribing of Lunesta is not medically necessary.

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for left knee pain. When seen, pain was rated at 8/10. He was having ongoing difficulty sleeping. Left knee arthroscopic surgery was scheduled for the next day. Physical examination findings included an antalgic gait. There was decreased and painful lumbar spine range of motion with positive left straight leg raising. There was decreased and painful knee range of motion with a mild effusion. There was decreased left lower extremity strength and sensation. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.