

Case Number:	CM15-0013470		
Date Assigned:	02/02/2015	Date of Injury:	10/02/2013
Decision Date:	04/13/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old male, who sustained an industrial injury on October 2, 2013. The diagnoses have included cervical spine strain, bilateral elbow pain, r/o lumbar disc displacement, r/o bilateral knee internal derangement, anxiety disorder, stress and sleep disorder. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of burning radicular neck pain and muscle spasm associated with numbness and tingling of the bilateral upper extremities, burning bilateral shoulder pain radiating down the arm to the fingers associated with muscle spasms, burning bilateral elbow pain and muscle spasm with weakness, numbness, tingling and pain radiating to the hand and fingers. On January 12, 2015, Utilization Review non-certified a request for platelet rich plasma right knee, Terocin patches and deprizine, noting that the documentation to not establish a diagnosis for which platelet rich plasma was recommended, the guidelines do not support compounds such as ketoprofen, lidocaine, capsaicin, baclofen, gabapentin for topical applications and there was no documentation of why the tablet form was not attempted and no documentation of the dosage and quantity requested. The California Medical Treatment Utilization Schedule, Official Disability Guidelines and Non-MTUS guidelines were cited. On January 23, 2015, the injured worker submitted an application for IMR for review of platelet rich plasma right knee, Terocin patches and deprizine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma Right Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Knee Specific Diagnoses Patellar Tendinosis, Patellar Tendinopathy Platelet Rich Plasma Injections Recommendation: Platelet Rich Plasma or Autologous Blood Injections for Patellar Tendinopathy There is no recommendation for or against the use of injections with platelet rich plasma or autologous blood for treatment of patellar tendinopathy. Strength of Evidence No Recommendation, Insufficient Evidence (I).

Decision rationale: The applicant is a represented 60-year-old who has filed a claim for chronic knee pain, low back pain, neck pain, elbow pain, psychological stress and generalized anxiety disorder reportedly associated with an industrial injury of October 2, 2013. In a Utilization Review Report dated January 12, 2015, the claims administrator failed to approve request for various topical compounds, a platelet rich plasma injection, and Deprizine. The claims administrator referenced an RFA form received on January 21, 2015, in its determination. The applicant's attorney subsequently appealed. On November 23, 2014, the attending provider sought authorization for platelet rich plasma injections. On January 6, 2015, platelet rich plasma injections, Terocin, extracorporeal shockwave therapy, and orthopedic knee surgery consultation were endorsed. In a progress note dated November 20, 2014, the applicant was placed off of, on total temporary disability owing to multifocal complaints of neck pain, shoulder pain, elbow pain, forearm pain, hand pain, low back pain, and bilateral knee pain. The applicant reported derivative complaints of anxiety, depression and insomnia all of which attributed to industrial injury. An orthopedic knee surgery consultation, Terocin patches, electro diagnostic testing, pain management consultation, psychotherapy, physical therapy, extracorporeal shockwave therapy, platelet-rich plasma injections were endorsed, while the applicant was placed off of work, on total temporary disability. Multiple topical compounds and dietary supplements were also prescribed and/or dispensed. No, request for platelet rich plasma injections for the knee is not medically necessary, medically appropriate, or indicated here. The MTUS do not address the topic. While the Third Edition ACOEM Guidelines note that there is no recommendation for or against platelet rich plasma injections for the knee for patellar tendinopathy, in this case, however, the attending provider did not furnish a clear diagnosis involving the injured knee. The attending provider did not furnish any compelling applicant-specific rationale or template to augment the tepid the ACOEM position on the article at issue. The attending provider did not state how the proposed platelet rich plasma injections were intended to advance the applicant's activity level, functional status, and/or work status. The attending provider did not state why platelet rich plasma injections were being sought in conjunction with multiple other treatments including physical therapy, extracorporeal shockwave therapy, etc. Therefore, the request was not medically necessary.

Terocin Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 28 of 127. Decision based on Non-MTUS Citation https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB4QFjAA&url=http%3A%2F%2Fdailymed.nlm.nih.gov%2Fdailymed%2Flookup.cfm%3Fsetid%3D85066887-44d0-4a4a-adee-670073e4b22c&ei=Ni4LVdW5M4XegwTV5ILQDQ&usg=AFQjCNEazCnBX-WKHeB_t_IJNAVdrAmmHg&sig2=k-1xYWccOexP0ztZ8cGBpg&bvm=bv.88528373,d.eXY.

Decision rationale: Similarly, the request for Terocin patches was likewise not medically necessary, medically appropriate and indicated here. Terocin, per the National Library of Medicine (NLM) is an amalgam of menthyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last line agent for applicants who have not responded to or are intolerant of other treatments. Here, however, there was no mention of the applicant being intolerant to multiple classes of first line oral pharmaceuticals so as to justify selection, introduction and/or ongoing usage of the capsaicin-containing Terocin patches at issues. Therefore, the request was not medically necessary.

Deprizine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: www.ncbi.nlm.nih.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 69 of 127.

Decision rationale: Finally, the request for Deprizine (ranitidine) was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonist such as ranitidine (Deprizine) are indicated in the treatment of NSAID-induced dyspepsia. In this case, however, the November 20, 2014, progress note contained no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.