MAXIMUS Federal Services

Case Number:	CM15-0140246		
Date Assigned:	07/30/2015	Date of Injury:	03/03/2015
Decision Date:	09/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37-year-old male, who sustained an industrial injury on 3-3-2015. The mechanism of injury is injury from falling off a work truck, landing on his right knee. The current diagnoses are pain in joint of lower leg, sprain meniscus tear, and long-term use of medications. According to the progress report dated 6-15-2015, the injured worker complains of constant, aching right knee pain with an occasional feeling of pin and needles. The pain is rated 7 out of 10 on a subjective pain scale. The physical examination of the right knee reveals tenderness on palpation over the hamstrings, ilio-tibial band, medical joint line, and patellar tendon. Patellar apprehension test is positive, Apley's compression and distraction test is positive, and strength is 4 out of 5 in knee flexors and extensors. The current medications are Terocin patch. Treatment to date has included medication management, ice, rest, elevation, physical therapy, home exercise program, MRI studies, acupuncture, injection, and surgical intervention. Work status is described as temporarily totally disabled. A request for Terocin patch and right knee brace has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter, Knee Braces.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg - Acute & Chronic- chapter under Knee Brace.

Decision rationale: Based on the 6/15/15 progress report provided by the treating physician, this patient presents with right knee pain with occasional pins/needles and popping sensation with an inability to sit, stand, or lift anything without pain. The treater has asked for Right knee brace on 6/15/15. The patient's diagnoses per Request for Authorization form dated 6/15/15 are sprain meniscus tear, encounter for long-term use of other medications, and pain in joint of lower leg. Per 6/15/15 report, the patient is s/p right knee arthroscopy, medial meniscectomy, debridement for medial meniscus tear and synovitis from 4/10/15 per 4/16/15 report. The patient has an antalgic gait and mild bilateral crepitus on knees per 5/7/15 report. The patient has been taking Vicodin, NSAIDs for pain, along with icing and limited home exercise program per 4/10/15 report. The patient's work status is temporarily totally disabled as of 6/15/15 report. ODG guidelines, Knee & Leg (Acute & Chronic) chapter under Knee Brace: Refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture. While ODG does not specifically address the use of this particular brand of knee brace, the request is appropriate. The documentation provided does not mention any knee braces or other DME being issued to date. The documentation provided indicates that this patient underwent meniscectomy on 4/10/15, and a brace could provide some pain relief and functional improvement and is an appropriate post-operative measure. Therefore, the request is medically necessary.

Terocin patch 4% #30 patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine, Capsaicin, Salicylate topicals. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics Page(s): 56-57, 112.

Decision rationale: Based on the 6/15/15 progress report provided by the treating physician, this patient presents with right knee pain with occasional pins/needles and popping sensation with an inability to sit, stand, or lift anything without pain. The treater has asked for Terocin patch 4% #30 patches on 6/15/15. The patient's diagnoses per Request for Authorization form dated 6/15/15 are sprain meniscus tear, encounter for long-term use of other medications, and pain in joint of lower leg. Per 6/15/15 report, the patient is s/p right knee arthroscopy, medial meniscectomy, debridement for medial meniscus tear and synovitis from 4/10/15 per 4/16/15 report. The patient has an antalgic gait and mild bilateral crepitus on knees per 5/7/15 report. The patient has been taking Vicodin, NSAIDs for pain, along with icing and limited home exercise program per 4/10/15 report. The patient's work status is temporarily totally disabled as of 6/15/15 report. MTUS, Lidoderm Section, page 56, 57: Lidoderm (lidocaine patch) Lidoderm is the brand name for a lidocaine patch produced by [redacted]. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is

needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics. MTUS, Topical Analgesics section under Lidocaine, pg. 112: Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Treater does not specifically discuss this medication. Patient has no history of using Lidoderm patches per review of reports dated 3/14/15 to 6/15/15. The patient has continuing knee pain and is 2 months s/p right knee surgery. However, this patient presents with diffuse musculoskeletal pain for which Lidoderm patches are not indicated. Therefore, the request is not medically necessary.