

Case Number:	CM15-0145403		
Date Assigned:	08/06/2015	Date of Injury:	06/10/2013
Decision Date:	09/08/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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 applicant is a represented 63-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 10, 2013. In a Utilization Review report dated July 15, 2015, the claims administrator partially approve a request for hydromorphone, failed to approve a request for Terocin patches, and failed to approve a request for Osteo Bi-Flex tablets. The claims administrator referenced an RFA form received on July 8, 2015 and an associated progress note of July 2, 2015 in its determination. The applicant's attorney subsequently appealed. On July 2, 2015, the applicant reported ongoing complaints of knee pain, 7.5/10 without medications versus 2/10 with medications. The attending provider contended that the applicant was able to perform unspecified activities of daily living as a result of ongoing medication consumption. The applicant's medication list included Dilaudid, Osteo Bi-Flex tablets, topical Terocin, allopurinol, Coreg, Zestril, Naprosyn, and aspirin, it was reported. The applicant exhibited diagnoses of knee pain and peroneal nerve injury. Multiple medications were renewed. Viscosupplementation injection therapy was sought. The applicant was given a rather proscriptive 25-pound lifting limitation, which the treating provider acknowledged the applicant's employer was unable to accommodate. The applicant had been receiving temporary disability benefits, it was acknowledged. The applicant was described as having MR arthrography of the right knee dated January 19, 2015, demonstrating arthritic changes of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Hydromorphone 4 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for hydromorphone (Dilaudid), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, the treating provider acknowledged on July 2, 2015. The applicant had not worked in 15 months, it was reported. While the treating provider contended that the applicant's pain was reduced as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or significant improvements in function (if any) effected as a result of ongoing Dilaudid (hydromorphone) usage. Therefore, the request was not medically necessary.

60 Osteo Bi-Flex Caplet 250-200mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation <http://www.amazon.com/Osteo-Bi-Flex-Triple-Strength-Caplets/dp/B00006FE3S>Osteo Bi-Flex Triple Strength, 120 Coated Caplets by Osteo Bi-Flex Nourishes joint tissue Clinically-shown joint comfort within 7 days Features glucosamine, chondroitin and MSM.

Decision rationale: Conversely, the request for Osteo Bi-Flex tablets was medically necessary, medically appropriate, and indicated here. The Osteo Bi-Flex tablets in question represented a prescription for glucosamine/chondroitin, per [REDACTED]. As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine and chondroitin are recommended in the treatment of knee osteoarthritis, given their low risk. Here, the applicant did have radiographically-confirmed knee arthritis, the attending provider reported on July 2, 2015. Usage of the Osteo Bi-Flex (AKA glucosamine/chondroitin) capsules was indicated to ameliorate the applicant's established issues with knee arthritis. Therefore, the request was medically necessary.

60 Terocin Patches 4-4% with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - NEW TEROGIN- methyl salicylate, capsaicin and dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=5dbd5fc0-a27e FDA Guidance & Info; NLM SPL Resources. Download Data - All Drug Labels Methyl Salicylate 25% Capsaicin 0.025% Menthol 10%, Methyl Salicylate 25%.

Decision rationale: Finally, the request for topical Terocin patches was not medically necessary, medically appropriate, or indicated here. Topical Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, menthol, and Lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the secondary ingredient in the Terocin compound, is not recommended except as a last-line agent, in applicants who have not responded to or/are intolerant of other treatments. Here, however, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Terocin compound in question. The applicant was using a variety of oral pharmaceuticals on July 2, 2015, including Naprosyn, aspirin, etc. Therefore, the request was not medically necessary.