

Case Number:	CM15-0184511		
Date Assigned:	09/25/2015	Date of Injury:	07/08/2011
Decision Date:	11/02/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 35 year old female, who sustained an industrial injury on 7-08-2011. The injured worker was diagnosed as having knee pain and pain in joint, lower leg. Treatment to date has included diagnostics, left knee arthroscopic surgery 5-2012, left knee steroid injection, and medications. Currently (8-19-2015), the injured worker complains of left knee pain, rated 4 out of 10 with medication and 8 of 10 without. Her quality of life rating was 9 out of 10 (unchanged from previous exam). Failed medications were documented as Norco, Ultracet, Oxycodone, Rozerem, Gabapentin, Hydrocodone, Tramadol, Nucynta, and Cymbalta. Current medications were documented as Lidoderm 5% patch, Dilaudid 2mg tablet (one-half to one twice daily as needed), Lunesta, Terocin patch4-4%, and Ambien. Exam of the left knee noted bowleg deformity, flexion limited to 115 degrees due to pain, normal extension, tenderness to palpation over the lateral and medial joint lines, and no joint effusion. Strength was 5 of 5 in all major muscle groups and sensation was intact. Reflexes were equal and symmetric. It was documented that Dilaudid was very effective in reducing her pain after prolonged walking at work and allowed her to complete household duties, noting that she did not take Dilaudid while she worked. It was also documented that she required topical medication, noting that she was working, and could not function during the day with oral medication. Urine toxicology (6-24-2015) was positive for opiates. Trial of Terocin patches was recommended on 6-24-2015 due to denial of Lidoderm patches, at which time left knee pain was rated 4 out of 10 with medications and 7 of 10 without rated 4 with medication and 8 without on 7-22-2015). Her work status was permanent and stationary and she was working part time. The use of Dilaudid 2mg tab (one half

to one tablet twice daily as needed) was noted since at least 3-2015, at which time pain was rated 2 out of 10 with medications and 6 without, in addition to using Lidoderm patch. The treatment plan included Terocin patch 4-4% #60, Dilaudid 2mg #60, and Ambien 5mg #25. On 8-21-2015 Utilization Review non-certified the requested Terocin and Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4-4 Percent Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is 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). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that is not recommended is not recommended. The claimant did get benefit from Dilaudid and Terocin; however, there was no indication of reduced need of Dilaudid with Terocin use. The claimant was on topical Lidocaine as weak as Terocin. Terocin contains topical Lidocaine and there is no indication for duplicate medication use. Therefore Terocin patches are not medically necessary.

Dilaudid 2 MG Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Dilaudid is more commonly provided for intrathecal pump for chronic pain syndromes rather than oral form. It is not 1st line for knee pain. Long-term use has not been studied for knee pain. There is no mention of failure of Tylenol, other long-acting opioids or NSAID use. Weaning failure is not noted. The continued use of Dilaudid is not medically necessary.