

Case Number:	CM15-0206580		
Date Assigned:	10/23/2015	Date of Injury:	06/10/2013
Decision Date:	12/07/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/20/2015

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:

This injured worker is a 64-year-old male who reported an industrial injury on 6-10-2013. His diagnoses, and or impressions, were noted to include: chronic right knee pain, sprain-strain, meniscal tear, internal derangement, and status-post arthroscopy; and numbness to right lateral lower leg, possible peroneal nerve neuropathy. Recent magnetic resonance imaging arthrogram of the right knee was said to have been done on 1-19-2015, noting osteoarthritic changes with complex medial meniscus and vertical tears and extrusion, and a small oblique tear of the posterior horn; and MRI of the right knee on 7-5-2013. His treatments were noted to include: right knee arthroscopy surgery (2-13-14); MR arthrogram of the right knee (unofficial) (1-19-15); psychiatric treatment; use of cane; injection therapy; 6 sessions of physical therapy; a home exercise program; medication management with toxicology studies (6-11-15, which was negative for Hydromorphone, resulting in a decreased quantity from #60 to #45); and modified work duties though it was noted he had not been working since 4-18-2014. The progress notes of 9-24-2015 reported: pain with his medications was rated 7.5 out of 10, and with medications was a 2 out of 10; no new problems or side-effects; that his level of activity had increased; and of fair quality of sleep. The objective findings were noted to include: obesity; no acute distress; an antalgic gait with use of cane; the inability to perform single leg stance in the right; an externally rotated right lower leg in stance phase; tenderness over the medial and lateral right knee joint lines and medial and lateral aspects of the right knee that was with restricted right knee range-of-motion, effusion and crepitus, and pain with manipulated passive range-of-motion; positive McMurray's test and anterior Drawer sign; decreased deep tendon reflexes in the knees and

ankles; decreased sensation in the right knee and lower leg; and a review of the 1-19-2015 MRI arthrogram, and 6-18-2013 right knee x-ray findings. The physicians request for treatment was noted to include the continuation of Hydromorphone 4 mg, twice a day as needed, #45, for "SA" pain control; trial Osteo Bi-Flex triple strength with vitamin D, twice a day for better knee health and viscosity; and Terocin patch 4-4 on knee for significant pain, as he could not tolerate non-steroidal anti-inflammatories. No Request for Authorization for. The Utilization Review of 10-2-2015 modified the requests for: 60 caplets of Osteo Bi-Flex 1,500-400-400 mg-unit-mg; 45 tablets of Hydromorphone 4 mg; and a 1-month supply of Terocin Patches 4.4%, 3 patches per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Osteo Bi-Flex 1,500/400/100 mg-unit-mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

Decision rationale: Studies on the benefits of glucosamine are limited and neither the safety nor the efficacy has been adequately documented in terms of evidence based medicine standards; however, MTUS recommends glucosamine sulphate as an option for moderate knee osteoarthritis. Submitted reports have adequately demonstrated the symptoms and clinical findings confirmed with imaging studies for arthritis to support its trial use. The Osteo Bi-Flex 1,500/400/100 mg-unit-mg #60 is medically necessary and appropriate.

Hydromorphone 4mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment, Opioids, screening for risk of addiction (tests).

Decision rationale: Review indicates the patient has inconsistent toxicology results on 6/5/15 with appropriate decreased dosing from #60 to #45. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities,

decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional status with persistent severe pain for this chronic June 2013 injury without acute flare, new injury, or progressive neurological deterioration. The Hydromorphone 4mg #45 is not medically necessary and appropriate.

Terocin patches 4-4%, 3 patches per day, 1 month supply: Upheld

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

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

Decision rationale: The provider has not submitted any new information to support for topical compound analgesic Terocin that was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia serrata and topical Lidocaine are specifically not recommended per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed oral medications. The Terocin patches 4-4%, 3 patches per day, 1 month supply is not medically necessary and appropriate.