

Case Number:	CM15-0050454		
Date Assigned:	03/23/2015	Date of Injury:	12/13/2011
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/17/2015

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 63 year old female, who sustained an industrial injury on 12/13/2011. She reported a right knee injury. The mechanism of injury was not provided for review. The injured worker was diagnosed as having right knee arthritis-status post total knee replacement, patella chondromalacia and lateral meniscus tear-status post meniscectomy and chondroplasty. Recent x ray of the right knee showed no abnormalities post knee replacement Treatment to date has included surgery, physical therapy and medication management. Currently, the injured worker complains of right knee pain and stiffness. In a progress note dated 2/20/2015, the treating physician is requesting Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines Effective July 18, 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical Lidocainetopical analgesic Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guideinesPain Chapter on Lidoderm.

Decision rationale: Based on the 02/20/15 progress report provided by treating physician, the patient presents with right knee pain. The request is for TEROCYN PATCH #30 WITH 1 REFILL. Patient is status post right knee arthroscopy 03/27/12. Patient's diagnosis per Request for Authorization form dated 03/05/15 includes chondromalacia patella, chondromalacia knee, loose body of the knee, meniscal tear-lateral, knee arthritis. Treatment to date has included surgery, physical therapy and medication management. Patient medications include Ultracet, Prilosec, Anaprox and Terocyn patch. The patient remains permanent and stationary since 11/06/12, per AME report dated 07/12/13. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, Pain Chapter on Lidoderm, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Terocyn patch has been included in patient's medications, per treater reports dated 07/07/14, 12/23/14, and 02/20/15. The patient is status post knee surgery and has a diagnosis of knee arthritis, for which Terocyn patch would be indicated by guidelines. However, there is no documentation of how Terocyn patch is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.