

Case Number:	CM14-0118750		
Date Assigned:	08/06/2014	Date of Injury:	10/02/2008
Decision Date:	09/29/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 43-year-old male who has submitted a claim for internal derangement of the right knee status post arthroscopy, left knee sprain, right ankle sprain, insomnia, and low back pain associated with an industrial injury date of 10/2/2008. Medical records from 2014 were reviewed. Patient complained of low back pain and bilateral knee pain, associated with spasm and buckling episodes. Aggravating factors included prolonged sitting, standing, and squatting. Physical examination showed tenderness along the knee joint and patellofemoral area. Range of motion was 155 degrees of extension and limited flexion at the right knee. Progress report from 3/18/2014 stated that intake of Norco provided 50% symptom relief and allowed the patient to perform activities of daily living, such as self-care and dressing. Urine drug screens were likewise consistent. No aberrant drug behavior was noted. Treatment to date has included Facet Joint Radiofrequency Nerve Ablation, Knee Arthroscopy Chondroplasty Of The Right Medial Femoral Condylar Defect on 2009, Right Patella and Chondroplasty on 2011, knee immobilizer, knee brace, use of a TENS unit, physical therapy, and medications such as Norco (since February 2014), Naproxen, Soma (since February 2014), Terocin patches (since July 2014), LidoPro cream (since July 2014), and Remeron. Utilization review from 7/8/2014 denied the requests for Soma 350 Mg #120, Terocin Patches (Unspecified Dose/Qty/%), LidoPro- One Bottle, and Norco 10/325 Mg #180 because of no documented objective findings of the low back to recommend these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 Mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: As stated on page 29 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as Hydrocodone, Tramadol, Benzodiazepine, and Codeine. In this case, patient has been on Carisoprodol since February 2014. Progress report from 3/18/2014 stated that intake of Soma provided significant symptom relief. However, the long-term use of muscle relaxant is not recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Soma 350 Mg #120 is not medically necessary.

Terocin Patches (Unspecified Dose/Qty/%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate.

Decision rationale: Terocin patch contains both Lidocaine and Menthol. Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that 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). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. In this case, patient was prescribed Terocin patch since July 2014. However, clinical manifestations were not consistent with neuropathic pain. Patient complained of low back pain and bilateral knee pain, associated with buckling episodes. There was likewise no evidence of trial of first line therapy. Guideline criteria were not met. Moreover, quantity to be dispensed was not specified. Therefore, the request for Terocin Patches (Unspecified Dose/Qty/%) is not medically necessary.

LidoPro - One Bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105,112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Salicylate, Topical Analgesics Page(s): 28-29; 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: LidoPro lotion contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. CA MTUS does not cite specific provisions regarding menthol, but the Official Disability Guidelines (ODG) Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. Topical Salicylate is significantly better than placebo in chronic pain as stated on page 105 of MTUS Chronic Pain Medical Treatment guidelines, pages 111-112 further states that there is little to no research to support the use of Lidocaine for compounded products, and Lidocaine is not recommended for topical use. Moreover, there is little to no research to support the use of Capsaicin 0.0325% in topical compound formulations. In this case, patient has been prescribed LidoPro lotion as adjuvant therapy to oral medications. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use, and Capsaicin in 0.0325% formulation is likewise not recommended. Therefore, the request for LidoPro one bottle is not medically necessary.

Norco 10/325 Mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80,91,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since February 2014. Progress report from 3/18/2014 stated that intake of Norco provided 50% symptom relief and allowed the patient to perform activities of daily living, such as self-care and dressing. Urine drug screens were likewise consistent as stated. No aberrant drug behavior was noted. Guideline criteria for continuing opioid management have been met. Therefore, the request for Norco 10/325 Mg #180 is medically necessary.