

Case Number:	CM14-0027195		
Date Assigned:	06/20/2014	Date of Injury:	05/24/2007
Decision Date:	09/17/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/03/2014

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 in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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:

The claimant has a history of a work injury occurring on 05/24/07. She continues to be treated for bilateral knee and low back pain. Treatments had included a left knee arthroscopic medial meniscectomy in July 2009. An MRI of the right knee on in November 2010 showed findings of a joint effusion with possible loose body and sprain/tear of the medial collateral ligament and tear of the medial meniscus. It was unchanged from a prior scan in January 2009. An MRI of the left knee on in May 2011 showed a small medial meniscus tear with degenerative changes and a moderate joint effusion. An MRI of the lumbar spine dated 05/31/11 showed multilevel degenerative disc disease with mild to moderate canal and foraminal narrowing. She was seen by the requesting provider on 08/05/13. She was having knee pain with standing and walking and left lower extremity numbness and tingling. Prior treatments had included pool therapy. A lumbar epidural steroid injection had increased her pain. She had last worked on May 31, 2013. Medications included tramadol 50 mg as needed and Terocin patches. Medications are referenced as decreasing pain and allowing her to function. She was having constipation which was mild. Physical examination findings included a slow and antalgic gait. There was lumbar paraspinal muscle tenderness with decreased range of motion. There was decreased left lower extremity strength and sensation. There was decreased range of motion of both knees with medial joint line tenderness and patellofemoral crepitus. Authorization for pool therapy and Orthovisc was requested. Lab testing was ordered and medications were refilled. On 12/04/13 she was having bilateral knee and ankle and foot pain. There had been a worsening of knee pain. Orthovisc injections had been authorized. Pain was rated at 7/10. Physical examination findings included decreased and painful knee range of motion with decreased strength and patellofemoral crepitus. There was a mildly antalgic gait using a cane. X-rays of the knees showed moderate

degenerative joint disease bilaterally. Authorization for a gym membership and a series of Orthovisc injections was requested. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin pain patches QTY 10, dispensed 12/4/13: 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 (1) Lidoderm (lidocaine patch). Topical Analgesics Page(s): 56-57 p111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Johar P, Grover V, Topp R, Behm D. A Comparison of Topical Menthol to Ice on Pain, Evoked Tetanic and Voluntary Force during Delayed Onset Muscle Soreness. Int J Sports Phys Ther. Jun 2012; 7(3): 314-322.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic bilateral knee and low back pain. She has findings of moderate degenerative joint disease of the knees with decreased and painful range of motion and decreased strength. Terocin is a topical analgesic containing lidocaine and menthol. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. In this case, the claimant has arthritis. If a topical agent were being considered for use, a topical non-steroidal anti-inflammatory medication would be considered as a more appropriate choice since topical analgesics such as those containing lidocaine are preferred for treating neuropathic pain. Additionally, the requested medication contains menthol which is an ingredient in common over-the-counter products used to relieve pain. Studies have shown that the application of topical menthol is more effective than ice in decreasing pain and allows for greater muscle contraction strength. These medications work by providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. By prescribing a compounded product containing more than one medication it would be impossible to determine which, if any, of the components was providing pain relief. For example, if the menthol component of the compounded Dendracin was providing pain relief, it would be available in a nonprescription form and could be used in a more widespread and frequent manner than a medication containing lidocaine where concerns over systemic toxicity from the lidocaine would limit its use. Therefore the prescribing of Terocin patches are not medically necessary.