MAXIMUS Federal Services

Case Number:	CM14-0053433		
Date Assigned:	07/07/2014	Date of Injury:	11/23/2009
Decision Date:	02/04/2015	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/22/2014

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 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:

Injured worker is a male with date of injury 11/23/2009. Progress notes provided for review include orthopedic progress notes from 08/2014 to 11/2014. These requests were made in 4/2014. Per orthopedic progress note dated 11/24/2014, the injured worker complains of pain in his right knee, low back and left knee. He is retired and does work around the house. He has difficulty sleeping due to pain. On examination he has tenderness across the low back as well as both knee, medial and lateral joint lines bilaterally. He has some crepitation with range of motion. He can stand on toes and heels. Diagnoses include1) internal derangement of the knee on the right 2) compensatory issues with regard to the left knee with derangement and low back involvement 3) chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335, 343-345.

Decision rationale: The MTUS Guidelines recommend MRI of the knee to confirm a meniscus tear, only if surgery is contemplated. These guidelines also note that patients suspected of having menical tears, but without progressive or severe activity limitations, can be encouraged to live with symptoms to retain the protective effect of the meniscus.Utilization review notes that no weight-bearing radiographs of the left knee have been done, but they are planned. The physical examination does not support internal derangement of the left knee such as meniscal tear or ligamentous injury. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines.

Brace left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Per the MTUS Guidelines, the use of a knee brace is recommended for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary.The injured worker has left knee tenderness along the medial and lateral joint lines. No instability is identified on examination or reported by the injured worker.

Terocin patches #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

Decision rationale: Per manufacturer's information, Terocin Patch is a combination topical analgesic with active ingredients that include menthol 4%, and lidocaine 4%.Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of aneshtetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-solumbe drugs. There are reports of negative effects from high doses of menthol such as 40% preparations.The MTUS Guidelines recommend the use of topical lidocaine primarily for peripheral neuropathic pain when trials of antidepressant and anticonvulsants have failed. It is not recommended for non-neuropathic or musclular pain. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia.Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. There is no mention of localized neuropathic pain that may

benefit from the use of topical lidocaine. There is no mention of failure of first-line therapies to include antidepressant and anticonvulsant medications.The request for Terocin patches #20 is determined to not be medically necessary.

Lipodpro cream bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical section, Topical Analgesics section Page(s): 28, 29, 111-113.

Decision rationale: Lidopro cream contains the active ingredients methyl salicylate 27.5%, capsaicin 0.0375%, lidocaine 4.5% and menthol 10%. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain.The MTUS Guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy.Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics.Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of aneshtetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-solumbe drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In regards to Lidopro cream, the use of capsaicin at 0.0375% and topical lidocaine not in a dermal patch formulation are not recommended by the MTUS Guidelines.The request for Lidopro cream bottle is determined to not be medically necessary.