

Case Number:	CM15-0163847		
Date Assigned:	09/01/2015	Date of Injury:	05/19/2013
Decision Date:	11/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/20/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 42 year old female, who sustained an industrial injury on 5-19-13. The documentation on 7-15-15 noted that the injured worker was seen for right greater than left knee and left greater than right wrist pain and that she continues to have lumbar issues. The documentation noted that there is crepitus in the bilateral knees and there is tenderness over right lateral knee. Right knee extension and flexion is decreased by 25 percent and there is tenderness over right ulnar wrist. She is tender to palpation over lumbar paraspinal muscle spasms. Left wrist magnetic resonance imaging (MRI) on 6-18-15 revealed moderate tendinosis of the left extensor carpi ulnaris tendon above the ulnar styloid with low grade intrasubstance tearing and associated mild to moderate tenosynovitis. Electromyography study was negative. The diagnoses have included brachial neuritis or radiculitis not otherwise specified; status post right knee arthroscopic surgery 12-2-13 with grade 11 to 111 chondromalacia of the central trochlea on the right; left knee sprain; lumbar sprain; chronic pain and bilateral wrist sprain. Treatment to date has included failed steroid injection; physical therapy for the right knee; terocin patches are very effective; norco was effective; improvement with cymbalta and right knee arthroscopic surgery on 12-2-13. The documentation on 7-15-15 noted that the injured workers cyclobenzaprine and urine toxicology were denied and that on 5-29-15 the denial of synvisc-one injection to the right knee was upheld. The original utilization review (7-24-15) non-certified the request for medrox patch quantity 30; menthoderm quantity 240; terocin lotion quantity 24 and terocin patches quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Medrox is a topical analgesic containing Menthol 5%, Methyl salicylate 20%, and Capsaicin 0.0375%. . Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Medrox patch qty 30 is not medically necessary by MTUS.

Menthoderm qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Mentoderm is a topical analgesic containing Methyl salicylate and Menthol. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Mentoderm qty 240 is not medically necessary by MTUS.

Terocin lotion, qty 24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Terocin is a topical analgesic containing Lidocaine and Menthol. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Terocin lotion, qty 24 is not medically necessary.

Terocin patches qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Terocin is a topical analgesic containing Lidocaine and Menthol. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Terocin patches qty 30 is not medically necessary.