MAXIMUS Federal Services

Case Number:	CM15-0172921		
Date Assigned:	09/14/2015	Date of Injury:	06/10/2013
Decision Date:	10/15/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/01/2015

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: Preventive Medicine, Occupational 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 63 year old, male who sustained a work related injury on 6-10-13. The diagnoses have included knee pain, injury to peroneal and tear of medial meniscus of knee. Treatments have included oral medications, Terocin patches, home exercises and 6 sessions of physical therapy. Current medications include hydromorphone, Osteo Bi-flex and Terocin patch. Latest urine drug screen dated 6-1--15 is negative for hydromorphone. Hydromorphone was ordered at his office visit on 3-13-15 and Tramadol was discontinued for "Ineffectiveness." In the progress notes dated 7-30-15, the injured worker reports right knee pain. He rates his pain level at this office visit with medications as 1 out of 10. Pain levels on medications has ranged from 1- 5 out of 10 the past several office visits. Without medications, he rates his pain a 7 out of 10. He reports an increase in right knee pain due to more right leg weight bearing. He reports a snapping sensation and laxity of the knee which causes it to buckle. He reports dilaudid is "effective" for pain control. On physical exam, he has decreased range of motion in right knee. He has tenderness to palpation over the lateral and medial joint lines and medial and lateral aspects of right knee. Crepitus and effusion are noted. He has positive McMurray's and anterior drawer signs. He is not currently working. The treatment plan includes prescriptions for Osteo Bi-flex, Terocin patches and Hydromorphone.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablet of Hydromorphone 4mg: 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): Opioids for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non- compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Hydromorphone for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for 60 tablet of Hydromorphone 4mg is determined to not be medically necessary.

60 Terocin patches 4-4%: 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: 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 anesthetic 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-soluble 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 muscular 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. In this case, there is no documentation to support a diagnosis of neuropathic pain. Additionally, there is no evidence of a failure with antidepressants or anticonvulsants. The request for 60 Terocin patches 4-4% is determined to not be medically necessary.