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| Case Number: | CM15-0174757 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 05/12/1995 |
| Decision Date: | 10/23/2015 | UR Denial Date: | 08/22/2015 |
| Priority: | Standard | Application Received: | 09/04/2015 |

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: Physical Medicine & Rehabilitation

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 61 year old male who sustained an industrial injury on 05-12-1995. Diagnoses include end stage traumatic arthritis of the left knee. Comorbidities include hypertension, diabetes and multisite osteoarthritis. A physician progress note dated 04-06-2014 the injured worker presented to the orthopedic surgeon due to worsening pain in his left knee over the last year. Options were discussed and the injured worker declined viscosupplementation. X-rays were done on 04-06-2015 shows tricompartmental osteoarthritis with bone-on-bone at the medial compartment of the left knee and bone-on-bone at the patellofemoral compartment. A physician progress note dated 07-13-2015 documents the injured worker complains of left knee pain. He has tenderness to palpation of the left knee over the medial joint line. Extension is +10 degrees and flexion is 100 degrees. He is having difficulty sleeping and in not walking much due to pain. Treatment to date has included diagnostic studies, medications, physical therapy, Cortisone injections x 6 which he said did not help, and left knee arthroscopy. Current medications include Morphine and Norco. The treatment plan includes starting on a Lidocaine patch 5%, Ibuprofen 600mg three times a day, Naproxen and Terocin cream. On 08-22-2015 Utilization Review non-certified the requested treatment retrospective Terocin (duration and frequency unknown) (DOS 7/13/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin (duration and frequency unknown) (DOS 7/13/15): 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): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Lidoderm.

Decision rationale: The patient presents with left knee pain. The request is for Retrospective Terocin (Duration and Frequency Unknown) (DOS 7/13/15). Patient is status post left knee arthroscopic surgery, date unspecified. Physical examination to the left knee on 04/06/15 revealed tenderness to palpation over the medial and lateral joint line. Range of motion was noted to be limited. Per 07/08/15 progress report, patient's diagnosis includes arthritis of knee, opioid dependence, and chronic pain syndrome. Patient's medications, per 06/09/15 progress report include Hydrocodone, Ibuprofen, Metformin, Morphine, Voltaren Gel and Zorvolex. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 112 under Lidocaine Indication: "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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain;" ODG Pain chapter, under Lidoderm -Lidocaine patch- specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." The treater has specifically discussed this request. Review of the medical records provided does not show a prior use of the patch and it appears that the treater is initiating them. The patient continues with left knee pain and is diagnosed with arthritis of knee and chronic pain syndrome. Terocin patches are indicated for localized peripheral neuropathic pain. In this case there is no evidence of neuropathic pain to substantiate the request, as the guidelines do not recommend Terocin Patches for musculoskeletal pain. The request is not in accordance with guideline recommendations and therefore, is not medically necessary.