

<b>Case Number:</b>	CM14-0133887		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	10/14/2013
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care, and is licensed to practice in Texas. 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 49 year old female with a reported date of injury of October 14, 2013 where the right knee was injured performing routine duties as a correctional officer. MRI on November 05, 2013 revealed negative for meniscus tear; positive for edema adjacent to lateral inferior patella. Diagnoses of sprains and strains of knee and leg are noted. It is noted the worker failed land based physical therapy (PT) and was approved in March 2014 for aquatic therapy. It is unknown if she completed those therapy sessions. Primary treating physician office visit note dated August 26, 2014 indicates a return to modified duty and a follow-up of October 7, 2014. It is unknown if that visit has occurred. Request for additional PT, along with Terocin cream, was denied on August 5, 2014. Ibuprofen, acetaminophen and Norco were modified and recommended on the same day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY QUANTITY REQUESTED: 8.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints, Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical Therapy

**Decision rationale:** The claimant has been previously afforded multiple sessions of physical therapy. The claimant is noted to have full active ROM of the knee on 8/26/14. The documentation reveals the claimant to have had 16 sessions of PT including aquatics. The claimant should be able to do just as well with a self directed home exercise program. Both CAMTUS and ODG recommends transitioning to a self directed active home exercise program. Therefore the additional physical therapy remains not medically necessary.

**IBUPROFEN 800MG QUANTITY REQUESTED: 450.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension & renal function, Page(s): 67.

**Decision rationale:** While NSAIDs may be useful in the maintenance of chronic arthritic conditions, however it is not clear that chronic daily use three times a day is to be anticipated for 6 months duration. Furthermore the claimant appears to have been on Ibuprofen with little or no documentation as to its efficacy in relieving pain. There is no documentation that ibuprofen is of any benefit and needed chronically as requested on a daily basis. Therefore the request for ibuprofen 450 tablets remains not medically necessary.

**ACETAMINOPHEN 500MG QUANTITY REQUESTED: 450.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 11.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetamenophen, Page(s): 11-12.

**Decision rationale:** The claimant has chronic pain for which NSAID and Acetamenophen have been prescribed. The current dose is 500mg three times a day and 90 tablets have been requested for 6 months. Given the episodic nature of the claimant pain treated by APAP and the usual dose is 650mg-1000mg every 4 hours as necessary, the request is reasonable and is medically necessary.

**NORCO 10/325 MG QUANTITY REQUESTED: 300.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, Page(s): 74-96.

**Decision rationale:** The claimant has been prescribed Norco 10/325 since the date of injury. There are complaints of low back pain which may not be industrial in nature. The request is for Norco 10/325- 60 tablet/month for 6 months. Despite the long length of time the claimant has been prescribed Norco, there is little documentation regarding the 4 A's to assess efficacy. CAMTUS pages 80-88 recommends opioids for short term use for the treatment of osteoarthritis. Furthermore there are no Urine Drug Screens submitted that will verify compliance and discern whether the claimant is using nonprescribed or illicit medications. Therefore the request for Norco remains not medically necessary.

**TEROCIN CREAM QUANTITY REQUESTED: 6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical analgesics, Capsaicin, Lidocaine, Methyl salicylate

**Decision rationale:** Terocin lotion is a compound topical analgesic medication which contains menthol, Methyl salicylate, capsaicin and lidocaine. Topical analgesics are recommended only for those with who are intolerant of other treatments. There are no statements as to previous oral analgesics having been tried and their results. Furthermore the individual components are available such as salicylate topical (i.e. Ben Gay, Capsaicin topical, Lidoderm) and there is no medical literature to support the compounding is of additive or accretive benefit. CAMTUS and ODG both holds that topical analgesics are experimental and should be employed only after exhausting other treatments to include oral analgesics. As noted above, the claimant is on opioids and oral NSAIDs therefore this request for compounded topical medication remains not medically necessary.