

<b>Case Number:</b>	CM13-0006930		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/17/2012
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 Physical Medicine has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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:

The injured worker is a 62-year-old male who reported an injury on 05/17/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 10/31/2013 indicated diagnoses of sprain of neck and spinal stenosis/lumbar. The injured worker was status post laminectomy of L4-5 on 01/22/2013. He reported low back pain of 3/10 and left leg and foot numbness. On physical examination, there was tenderness and decreased range of motion to the lumbar spine and decreased sensation to the lumbar spine. The unofficial MRI of the spine dated 08/13/2013 revealed build-up of fluid around the spine near surgical site and degenerative changes. The injured worker's prior treatments have included diagnostic imaging, surgery, 16 session of physical therapy and medication management. The injured worker's medication regimen included Voltaren. The provider submitted request for Protonix, Terocin topical lotion and physical therapy. The Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROTONIX 20 mg # 60,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors when the patient is at intermediate risk for gastrointestinal events and on NSAIDs. The documentation submitted did not indicate the injured worker was at risk for gastrointestinal events or was on any NSAIDs. In addition, the request did not provide a frequency for the medication. Therefore, the request for Protonix 20 mg 60 tablets is not medically necessary and appropriate.

**TEROCIN TOPICAL LOTION 120 ML (#1):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES TOPICAL ANALGESICS Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. The guidelines also indicate Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There was lack of evidence in the documentation to indicate the injured worker had postherpetic neuralgia, diabetic neuropathy or post mastectomy pain to warrant the use of capsaicin. In addition, the guidelines recommend lidocaine in the formulation of the dermal patch, Lidoderm, therefore, lidocaine is not recommended. Per the guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Furthermore, the request does not provide a frequency for the medication. Therefore, the request for Terocin topical lotion 120 mL for 1 is not medically necessary.

**8 SESSIONS ADDITIONAL PHYSICAL THERAPY FOR LOW BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommend that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker completed 16 sessions of physical therapy, post lumbar laminectomy and discectomy decompression. The completed physical therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue with exercises such as strengthening, stretching and range of motion. An additional 8 sessions would exceed the guidelines recommendations. Therefore, the request for 8 additional sessions of physical therapy for low back is not medically necessary.