MAXIMUS Federal Services

Case Number:	CM13-0010804		
Date Assigned:	01/15/2014	Date of Injury:	12/01/2011
Decision Date:	03/11/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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:

This 57 year-old patient sustained an injury on 6/28/03 while employed by [redacted] Requests under consideration include chiropractic care with physical modalities 2X4 and Terocin cream. Report of 6/12/13 from [redacted] noted patient with ongoing back pain rated at 8/10 with left leg numbness extending to foot; He reports no significant changes since last year's studies. He is taking 3 Norco, Voltaren and Terocin cream and denies any abdominal complaints. Exam showed patient wearing lumbar corset; gait is normal and non-ataxic; cervical and lumbar range is limited in all planes; TTP of lumbar spine; diminished sensation of left L4, L5 and S1 dermatomes; motor 5-/5 bilaterally in upper and lower extremities with 4/5 on left psoas. Diagnoses included Multi-level HNPs of the lumbar spine at L3-S1 with moderate to severe stenosis; Lumbar radiculopathy; and severe degenerative disc disease of lumbar spine. Requests were non-certified on 7/26/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care with physical modalities 2X4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: This 57 year-old patient sustained an injury on 6/28/03 while employed by [redacted]. Requests under consideration include chiropractic care with physical modalities 2X4 and Terocin cream. Report of 6/12/13 from [redacted] noted patient with ongoing back pain rated at 8/10 with left leg numbness extending to foot; He reports no significant changes since last year's studies. He is taking 3 Norco, Voltaren and Terocin cream and denies any abdominal complaints. Exam showed patient wearing lumbar corset; gait is normal and non-ataxic; cervical and lumbar range is limited in all planes; TTP of lumbar spine; diminished sensation of left L4, L5 and S1 dermatomes; motor 5-/5 bilaterally in upper and lower extremities with 4/5 on left psoas. Diagnoses included Multi-level HNPs of the lumbar spine at L3-S1 with moderate to severe stenosis; Lumbar radiculopathy; and severe degenerative disc disease of lumbar spine. Clinical symptoms and exam remain unchanged. Submitted reports have not demonstrated any flare-up or new red-flag findings to support further treatment. Guidelines states several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented and treatment beyond 4-6 visits should be documented with objective improvement in function. However, this has not been shown in this case. The chiropractic care with physical modalities 2X4 is not medically necessary and appropriate.

Terocin cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia Serrata and topical Lidocaine are specifically "not recommended" per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Terocin cream is not medically necessary and appropriate.