

Case Number:	CM13-0020153		
Date Assigned:	01/22/2014	Date of Injury:	04/22/2010
Decision Date:	03/25/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/04/2013

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 and 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:

The patient is a 50 year old male who reported injury on 04/22/2010. The mechanism of injury was noted to be the patient fell down approximately 20 stairs while carrying a tray of food and hit his head, injured his cervical, thoracic, and lumbar spine. The patient complained of pain in the right par cervical and trapezius muscles with radiation down to the right rhomboid area. The patient had pain in the bilateral par thoracic muscle area and the bilateral lumbar ligaments with radiation of pain down the bilateral lower extremities and some intermittent numbness and tingling sensation in both legs. The patient's physical examination revealed decreased range of motion in the cervicothoracic spine and lumbar spine. There was tenderness in the right par cervical muscles and tenderness in the right trapezius muscles as well as right rhomboid muscles. There were muscle spasms and trigger points in the right par cervical and trapezius muscles and tenderness to the right par thoracic muscles. The patient had decreased sensation in the right par thoracic area to light touch. The patient had tenderness in the bilateral iliolumbar ligaments and muscle spasms as well as trigger points in the bilateral lumbar paraspinal muscles. There was decreased sensation to light touch in the dorsal aspect of the bilateral feet. The patient had a positive straight leg raise bilaterally at 40 degrees. The diagnoses were noted to be bilateral lumbosacral strain and radiculopathy, myofascial pain, right cervical and par thoracic strain and a question of right thoracic radiculopathy. The plan was noted to include 4 trigger point injections, Naprosyn, acupuncture, and EMG/NCS of the bilateral lower extremities to rule out peripheral neuropathy versus lumbosacral radiculopathy, an MRI of the lumbar spine to rule out a herniated disc and Terocin and Dendracin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: ACOEM Guidelines indicate that an MRI is an appropriate study if the patient has unequivocal objective findings that identify specific nerve compromise on neurologic examination and when there are patients who do not respond to treatment or who would consider surgery an option. The clinical documentation submitted for review indicated the patient had pain in the bilateral lumbosacral paraspinal muscles and some radiation of the pain into the bilateral lower extremities and intermittent numbness and tingling sensations affecting both feet and the objective physical examination revealed the patient had decreased light touch sensation in the dorsal aspect of bilateral feet. The patient had physical therapy and numerous medications and the patient had a positive straight leg raise. However, there was a lack of documentation indicating if the straight leg raise produced radiating pain and there was a lack of documentation of specific myotomal and dermatomal findings to support the request. Additionally, there was a lack of documentation indicating prior studies that may have been performed as the patient's injury was noted to be in 04/22/2010. Given the above, the request for an MRI of the lumbar spine is not medically necessary.

Terocin Lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation
<http://www.drugs.com/search.php?searchterm=Terocin>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112.
Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Terocin>

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments include Lidocaine and Lidoderm. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical Salicylate. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl Salicylate. The clinical documentation submitted for review failed to indicate the patient had trialed and failed antidepressants and anticonvulsants. Additionally, topical lidocaine is an accepted treatment only in the form of Lidoderm. There was a lack of

documentation indicating exceptional factors to warrant non-adherence to guideline recommendations and had not responded or was intolerant of other treatments. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Terocin lotion is not medically necessary.

Dendracin 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesics Page(s): 105, 111.

Decision rationale: The request for temporary relief of minor aches and pains which is caused by arthritis. The clinical documentation submitted for review failed to indicate the patient had trialed and failed antidepressants and anticonvulsants. Given the above, the request for Dendracin 120 mL is not medically necessary.