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| Case Number: | CM13-0025123 | | |
| Date Assigned: | 04/18/2014 | Date of Injury: | 06/29/2002 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 09/11/2013 |
| Priority: | Standard | Application Received: | 09/16/2013 |

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 Family Medicine, 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 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 patient is an employee of [REDACTED] who has submitted a claim for lumbar disc disease, lumbar herniated disc with radiculitis, and post laminectomy syndrome associated with an industrial injury date of June 29, 2002. Treatment to date include oral and topical analgesics, chiropractic therapy, physical therapy, gym exercise programs, TFESI, and spinal surgeries. Medical records from March 2013-February 2014 were reviewed; they showed persistent low back pain graded at 6-8/10. She was taking Norco, Tylenol, and Soma as far back as March 2013, but the duration was not specified. A July 12, 2013 progress report states that the patient reports taking Norco more than prescribed due to increasing lower back pain and lower extremity radicular pain which limited her activities. She continues working out at the gym with mild relief of muscle pain, but was experiencing burning pain in both feet for which she was prescribed with Terocin. On a progress report dated September 6, 2013, the patient reported improvement in pain of the lower back and legs due to a change in her workout routine. Norco was taken only as needed without adverse effects. Physical examination showed normal range of motion in lumbar extension, and lateral flexion however lumbar flexion (50 degrees) was decreased. Motor testing of the lower extremities were normal. Sensation and deep tendon reflexes of the lower extremities were intact and did not reveal pathologies. Personal training and gym membership for six months was requested. A progress report dated January 9, 2014 states that the patient has not been participating in gym exercise due to denial of the request causing return of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX MONTH OF A GYM MEMBERSHIP WITH TRAINER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships

Decision rationale: The California ACOEM/MTUS does not address this topic specifically, so alternate guidelines were used instead. The Official Disability Guidelines state that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, there is no documentation of a failure of home exercise program. There was no discussion concerning the need for specialized equipment. There was no indication that medical professionals will be monitoring the patient in this environment. As such, the request is not medically necessary.

TEROCIN LOTION 240ML, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TOPICAL ANALGESICS, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009 Page(s): 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains four active ingredients: Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. The Chronic Pain Medical Treatment Guidelines state that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Furthermore, the 0.025% formulation is indicated only for osteoarthritis. The Chronic Pain Medical Treatment Guidelines state that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. The Official Disability Guidelines state that the FDA issued an alert in 2012 that topical over-the-counter pain relievers that contain menthol, methyl salicylate, or capsaicin may in rare instances cause serious burns. The Chronic Pain Medical Treatment Guidelines state that salicylate topicals are significantly better than placebo for treating chronic pain. In this case, the patient has been using Terocin as far back as July 2013. Terocin contains active components that are not recommended for topical use. There is no discussion concerning the need for variance from the guidelines. As such, the request is not medically necessary.

