

<b>Case Number:</b>	CM13-0029676		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	02/02/2009
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 & 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 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:

This 58 year-old female sustained a cumulative trauma neck injury on 2/2/09. Requests under consideration include Terocin pain patch 1 box 10 patches, Aqua therapy two times a week for four weeks, and Motorized scooter. Diagnoses include multiple herniated discs of lumbar spine; cervical degenerative disc; bilateral hip arthralgia; obesity. Treatment has included left CTR 12/2/11; diagnostics; medications. Report of 8/16/13 from [REDACTED] noted patient fell on 8/5/13 and landed on her bilateral knees. She takes Senna for constipation; Norco decreases pain from 10 to 7/10; Flexeril reduce her muscle spasms and Prilosec is for all GI complaints; Trazadone helps improve sleep. She complained of bilateral lower extremity numbness, tingling and pain to feet; neck mid-back and low back pain. Exam noted use of four-point cane to assist in ambulation; tenderness throughout spine; strength 4+/5 in bilateral upper and lower extremities. Requests were non-certified on 9/17/13 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:

**TEROCIN PAIN PATCHES:** 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 MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswellia 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 nor is there any documented functional improvement from treatment already rendered for this 2009 injury. The Terocin pain patch 1 box 10 patches is not medically necessary and appropriate.

**AQUATIC THERAPY (8 SESSIONS):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The aquatic therapy is not medically necessary and appropriate.

**MOTORIZED SCOOTERS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 100.

**Decision rationale:** This 58 year-old female sustained a cumulative trauma neck injury on 2/2/09. Treatment has included left CTR 12/2/11; diagnostics; medications. Exam noted use of four-point cane to assist in ambulation; tenderness throughout spine; strength 4+/5 in bilateral upper and lower extremities. The patient has been utilizing a single point cane to assist in ambulation. The criteria for the power mobility device has not been met from the submitted

reports. There is no documented clinical motor or neurological deficits of the upper extremities to contradict the use of the single point cane as the patient is already currently using. The motorized scooter is not medically necessary and appropriate.