

<b>Case Number:</b>	CM13-0031097		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Family Practice and is licensed to practice in Texas. 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 74-year-old female who reported an injury on 04/01/2003. The documentation states the patient developed neck, upper back, and low back pain about 10 years ago, due to her occupation. She was briefly able to relieve the pain with over-the-counter medications, but began having increased back pain when she was changed to a different sector of her job. The mechanism of injury has been documented as due to continuous trauma obtained over numerous years. The most current documentation dated 10/18/2013 notes that the patient's current neck pain is a 7/10 with the pain radiating down her upper extremities with numbness and tingling in these regions, as well as overall neck and shoulder pain. She also notes her low back pain is a 7/10 on the pain scale. It states that her biggest complaint is her bilateral shoulder problem. The patient's current medications are listed as Tylenol, Zanaflex, and the use of Terocin patches. The patient has been diagnosed as having cervical HNP with central canal stenosis at the C4-7 levels, cervical radiculopathy, grade 1 to 2 spondylolisthesis (at L5-S1), and right shoulder and left shoulder arthralgia. The physician is now requesting chiropractic care x8 sessions, Terocin patches box of 10, and a general orthopedic follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care x 8:** 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:** The Physician Reviewer's decision rationale: Under California MTUS Guidelines, it states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The patient has been noted as having several areas that are affected by chronic pain; however, the physician has failed to include which area is being recommended for service with chiropractic care. Therefore, it is unclear if the region of treatment is going to be an area that is not recommended under the guideline criteria. As such, the requested service cannot be warranted at this time.

**Terocin patches (box of 10):** 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): 111-112.

**Decision rationale:** The Physician Reviewer's decision rationale: Terocin is a topical lotion that contains Lidocaine and menthol. The patient has been documented as having chronic pain over various areas of her body to include her neck, shoulders, and lower back. However, under California MTUS Guidelines, the only FDA approved topical formulation of Lidocaine is Lidoderm patch. As CA MTUS states any compounded product that contains at least 1 drug or drug class that is not recommended, the entire compound is not recommended. Therefore, because Terocin lotion contains the ingredient Lidocaine in a non-FDA approved topical formulation, the California MTUS Guidelines do not recommend this medication for topical use. Therefore, the requested service is not warranted.

**General Orthopedic follow-ups:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 557.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 305, 207, 177.

**Decision rationale:** The Physician Reviewer's decision rationale: The patient has been seen for ongoing chronic pain of various areas of her body, which also includes being seen by physicians at the spine and orthopedic center. CA MTUS/ACOEM Guidelines indicate physician follow up visits might be expected every 4-7 days if the patient is off work and 7-14 days if the patient is working. The clinical information submitted indicated an orthopedic consultation with [REDACTED]

██████████ was recommended to evaluate the patient's general orthopedic concerns. However, the 10/18/2013 office note further states ██████████ is listed as the patient's treating physician who is also an orthopedist. Given the patient's current treating physician is an orthopedist, a rationale was not provided to support additional assessment by another orthopedist. Also, the number of follow up visits was not indicated in the request. Therefore, the request for general orthopedic follow-ups is non-certified.