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| Case Number: | CM13-0037760 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 11/02/1982 |
| Decision Date: | 04/15/2014 | UR Denial Date: | 10/11/2013 |
| Priority: | Standard | Application Received: | 10/24/2013 |

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 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 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 77 year-old female patient sustained an injury on 11/2/82 while employed by [REDACTED]. Requests under consideration include TEROGIN 4OZ and ADDITIONAL CHIROPRACTIC 2 TIMES 6 LUMBAR SPINE. Report of 7/17/13 from the provider noted the patient with low back pain radiating into the leg despite medication treatment and chiropractic care, attending at least 21 sessions. Exam showed difficulty rising from a seated position, limited range of motion with decreased strength of 4/5. Diagnosis included lumbar radiculopathy/ multilevel HNP's with stenosis. Treatment plan included continuing with medications and chiropractic therapy. Requests above were non-certified on 10/11/13 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 4OZ: 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: This 77 year-old female patient sustained an injury on 11/2/82 while employed by [REDACTED]. Requests under consideration include TEROGIN 4OZ and ADDITIONAL CHIROPRACTIC 2 TIMES 6 LUMBAR SPINE. Report of 7/17/13 from the provider noted the patient with low back pain radiating into the leg despite medication treatment and chiropractic care, attending at least 21 sessions. Exam showed difficulty rising from a seated position, limited range of motion with decreased strength of 4/5. Diagnosis included lumbar radiculopathy/ multilevel HNP's with stenosis. Treatment plan included continuing with medications and chiropractic therapy. The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrat, and other inactive ingredients. 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 and directives to allow for certification of this topical compounded Terocin. Additional, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury. The TEROGIN 4OZ is not medically necessary and appropriate.

CHIROPRACTIC 2 TIMES 6 LUMBAR SPINE.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

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

Decision rationale: This 77 year-old female patient sustained an injury on 11/2/82 while employed by [REDACTED]. Requests under consideration include TEROGIN 4OZ and ADDITIONAL CHIROPRACTIC 2 TIMES 6 LUMBAR SPINE. Report of 7/17/13 from the provider noted the patient with low back pain radiating into the leg despite medication treatment and chiropractic care, attending at least 21 sessions. Exam showed difficulty rising from a seated position, limited range of motion with decreased strength of 4/5. Diagnosis included lumbar radiculopathy/ multilevel HNP's with stenosis. Treatment plan included continuing with medications and chiropractic therapy. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The patient has received significant conservative treatments of at least 21 recent chiropractic treatments; however, has no report of improvement with unchanged chronic pain complaints. Clinical exam remains unchanged and without acute findings. 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 **ADDITIONAL CHIROPRACTIC 2 TIMES 6 LUMBAR SPINE** is not medically necessary and appropriate.