

<b>Case Number:</b>	CM13-0041862		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/11/2009
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Orthopedic Surgery 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 67-year-old male who reported an injury on 03/11/2009. The mechanism of injury was stated to be the patient was lifting, pushing, and pulling a heavy cart into an elevator. The patient was noted to have a laminectomy in 1998, multiple right shoulder surgeries, left knee surgery in 2012, and to have been treated additionally with facet blocks, diagnostics, medications, and physical therapy. The patient was noted to have complaints of constant low back pain rated an 8/10 to 9/10. The patient was noted to deny wearing a back brace or back support, or using a cane. The patient's pain was noted to radiate down his leg, thigh, hip, and groin. The patient was noted to limp while walking. The patient indicated they had swelling and spasms and that the pain woke them up at night. The patient was noted to exercise at home and not use a TENS unit. The patient was noted to have some weakness to plantar flexion on the left. The patient was noted to be standing with his legs apart to bend forward. The patient was noted to have pain on facet loading and pain along the facets at L3 to S1. The patient was noted to have full strength to resisted function with the exception of dorsiflexion and plantar flexion on the left of a 5/5 weakness to resisted function. The patient's straight leg raise test was positive on the left at 60 degrees and negative on the right. Milgram's test was noted to cause low back pain. The patient's diagnosis was noted to be lumbago. The request was made for a low back brace, hot and cold wrap, and home TENS unit, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**hot and cold wrap for low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**Decision rationale:** ACOEM Guidelines indicate that at home local applications of cold in the first few days of an acute complaint are appropriate, and thereafter, the application of heat or cold, dependent upon patient preference. The clinical documentation submitted for review failed to provide the rationale for a hot and cold wrap versus application of hot or cold packs. Additionally there was a lack of documentation of the duration of care being requested. Given the above, the request for hot and cold wrap for low back is not medically necessary.

**TENS Unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115, 116.

**Decision rationale:** California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to provide documented evidence that other appropriate pain modalities had been trialed and failed. There as a lack of documentation per the submitted request whether the TENS unit was for rental or purchase. Given the above, the request for TENS unit is not medically necessary.

**back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review failed to provide documentation of the rationale for the requested service and exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for a back brace is not medically necessary.

**prescription of Flexeril 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

**Decision rationale:** California MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The clinical documentation submitted for review failed to indicate the patient had spasms to support the use of the medication and there was a lack of documentation indicating the quantity of medication being requested. Given the above, the request for Flexeril 7.5 mg is not medically necessary.

**prescription of Terocin Patch:** Upheld

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

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

**Decision rationale:** California states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....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...Lidocaine... 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 salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation failed to provide the rationale for two topical formulations including non-approved forms of Lidocaine. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, there was a lack of documentation of the quantity of Terocin patch being requested. Given the above, the request for Terocin patch is not medically necessary.

**prescription for LidoPro lotion 4oz:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111, 112.

**Decision rationale:** California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety....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...Lidocaine... 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 salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation failed to provide the rationale for two topical formulations including non-approved forms of Lidocaine. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for LidoPro lotion 4 oz is not medically necessary