

Case Number:	CM13-0043512		
Date Assigned:	12/27/2013	Date of Injury:	08/26/2009
Decision Date:	04/18/2014	UR Denial Date:	10/18/2013
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:

The patient is a 44-year-old female with an 8/26/09 date of injury. Subjective complaints include low back pain radiating to right leg, and objective findings include mild tenderness and spasm of the lower lumbar spine, tender right sciatic notch, and hyperesthesia involving the right L5 distribution. Current diagnoses are lumbago, right leg sciatica, and L4-5 grade-1 spondylolisthesis, and treatment to date has been aquatic therapy, opiates, Robaxin, Motrin, and at least four sessions of acupuncture treatments with reduction in pain, increase in function, and decrease in use of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES: Upheld

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

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

Decision rationale: Terocin is a topical pain relief lotion that contains Methyl Salicylate, Capsaicin, Menthol, and Lidocaine. The MTUS Chronic Pain Medical Treatment Guidelines state that Lidocaine in the form of topical creams, lotion or gels is not recommended. Guidelines

also state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. Therefore, based on guidelines and a review of the evidence, the request for Terocin patches is not medically necessary.

6 ACUPUNCTURE SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines identify that acupuncture may be used as an option when pain medication is reduced or not tolerated. It may also be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, the MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions. The time to produce functional improvement is 3-6 treatments at a frequency of 1-3 times per week over the course of 1-2 months. The MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbago, right leg sciatica, and L4-5 grade-1 spondylolisthesis. In addition, there is documentation of low back pain radiating to the right leg, mild tenderness and spasm of the lower lumbar spine, tender right sciatic notch, and hyperesthesia involving the right L5 distribution. The patient has undergone at least four sessions of acupuncture to date with reduction in pain, increase in function, and a decrease in the use of medications. Therefore, based on guidelines and a review of the evidence, the request for six acupuncture sessions is medically necessary.