MAXIMUS Federal Services

Case Number:	CM13-0044508		
Date Assigned:	12/27/2013	Date of Injury:	10/08/2010
Decision Date:	02/24/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 46 year old female with date of injury 10/08/10. Patient has diagnoses of lumbar radiculopathy, right hip DJD, SI joint dysfunction. The patient is status post microlumbar decompressive surgery (06/13). According to progress report 08/09/13 by [redacted], the patient presents with neck and low back pain with bilateral upper extremity symptoms which she currently rates at 5/10. Objective findings show no signs of infection, drainage or erythema at the incision site. Range of motion of the lumbar spine is decreased in all planes. Sensation is minimally decreased to the left L3 through S1 dermatomes to light touch. Motor exam is limited by pain bilaterally. The treater is requesting Terocin pain patch, physical therapy x 8 visits and orthopedic consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Lidoderm Patches..

Decision rationale: This patient presents with chronic low back pain and has a diagnosis of post-laminectomy syndrome. The request is for Terocin pain patch which is a combination topical containing lidocaine and menthol. MTUS guideline p111 recommends Lidocaine topicals for neuropathic pain and for localized peripheral pain. Topical lidocaine is allowed in the formulation of a dermal patch. Given the patient's neuropathic pain, that of radiculopathy, the use of dermal patch containing Lidocaine may be reasonable. However, MTUS guidelines also require that the patient has tried and failed other first-line therapy such as tricyclic or SNRI anti-depressants or an antiepileptic drug such as gabapentin or lyrica. In this patient, there is no evidence that the patient has tried and failed these other medications. Recommendation is for denial.

Physical therapy 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is status post microlumbar decompressive surgery (06/13). The request for 8 sessions of additional therapy was denied per utilization review report 10/15/13, which notes that the patient has completed 12 post-operative therapy visits with 4 additional sessions authorized. Unfortunately, physical therapy reports were not available for review to ascertain the number of treatment sessions provided. For post-operative management of lumbar spine laminectomy, MTUS guidelines allows for 16 visits over 8 weeks. In this case the patient has already been authorized for 16 sessions. There is limited information submitted detailing the patient's response to previously completed sessions including sustained functional benefit from previous care. Without clear evidence of clinical gains additional therapy treatments are not recommended. The current request for additional 8 sessions appears to fall within the 6 months post-operative time-frame. Recommendation is for denial.

General orthopedic consultation with [redacted] for bilateral wrist evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Forearm, Wrist and Hand Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 127.

Decision rationale: This patient presents with chronic low back pain with post-laminectomy syndrome. The patient has right hip dysfunction as well for which the treater has asked for an orthopedic consultation. ACOEM p127 does reference consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. Recommendation is for authorization.