

Case Number:	CM13-0053168		
Date Assigned:	12/30/2013	Date of Injury:	11/28/2012
Decision Date:	03/13/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 28, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical pain patches; unspecified amounts of physical therapy over the life of the claim; and reportedly normal cervical MRI of August 6, 2013. In a utilization review report of October 9, 2013, the claims administrator denied a request for topical Terocin patches, denied a request for LidoPro lotion, and modified a request for 12 sessions of physical therapy as an initial trial of six sessions of physical therapy, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. A September 26, 2013 progress note is notable for comments that the applicant reports multifocal left thumb, neck, back, and bilateral knee pain. The applicant has heightened pain complaints. He has had prior manipulative therapy. Tenderness and limited cervical and lumbar range of motion are noted. The applicant has reportedly gained 10 pounds. A 12-session course of physical therapy, LidoPro, and Terocin are endorsed. The applicant is asked to return to obtain a permanent and stationary evaluation. Electrodiagnostic testing is also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first line palliative method. In this case, there is no evidence of intolerance to and/or failure of first line oral pharmaceutical so as to justify usage of topical agents and/or topical compounds such as Terocin, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." Accordingly, the request is not certified.

Lidopro lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As with the other topical agent, the MTUS Guideline in ACOEM Chapter 30 is oral pharmaceuticals the most appropriate first line palliative method. In this case, there is no evidence of intolerance to and/or failure of first line oral pharmaceutical so as to justify usage of topical agents and/or topical compounds which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." Therefore, the request is not certified.

Physical therapy 3X4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function Chapter, pg. 114 and Official Disability Guidelines (ODG), Neck & Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: The 12-session course of treatment being proposed here, in and of itself does represent treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgia, neuritis, and/or radiculitis of various body parts. In this case, the attending provider has not clearly stated why the applicant needs treatment in excess of MTUS parameters. Since partial certifications are not permissible through the independent medical review system, the request is wholly not certified.