

Case Number:	CM13-0064506		
Date Assigned:	02/21/2014	Date of Injury:	08/16/2010
Decision Date:	05/12/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/11/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 33-year-old female who reported an injury on 08/16/2010 with the mechanism of injury being a slip and fall. The injured worker's medications included naproxen and Prilosec as well as over-the-counter Tylenol, which decreased her pain and improved her ability to function. The injured worker was treated with chiropractic and physiotherapy as well as acupuncture. They did not help decrease the pain. The clinical documentation submitted for review indicated that the injured worker had pain in her back with radiation and numbness and tingling in the lower extremities going to her foot. The objective findings revealed decreased range of motion of the lumbar spine in all planes with increased pain upon extension. The diagnoses included lumbar radiculopathy, possible bilateral L5 pars fracture per MRI, right wrist arthralgia and HNP of the cervical spine. The treatment options that were discussed included living with the pain, physical therapy, chiropractic treatment, multiple pain management techniques, injections and surgery. The injured worker was prescribed naproxen 550 mg, Prilosec 20 mg and a trial of Terocin patches for 2 boxes. It was indicated that the injured worker had 8 sessions of chiropractic/physiotherapy and 2 sessions of acupuncture, which did not help to decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO BOXES OF TEROGIN PAIN PATCHES #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidocaine Page(s): 111-112. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...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 dailymed.nlm.nih.gov, Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review indicated that the injured worker had pain in her back with radiation and numbness and tingling in the lower extremities going to her foot. There was a lack of documentation indicating that the injured worker had a trial and failure of antidepressants and anticonvulsants. The request as submitted failed to indicate the strength and the frequency for the medication. Given the above, the request for 2 boxes of Terocin pain patches #10 is not medically necessary.

ACUPUNCTURE (8 SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated and is recommended as an adjunct to physical rehabilitation to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The injured worker indicated that she had 8 sessions of chiropractic physiotherapy, which had not helped to decrease pain. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the body part to be treated with the acupuncture. Given the above, the request for acupuncture for 8 sessions is not medically necessary.