MAXIMUS Federal Services

Case Number:	CM13-0068352		
Date Assigned:	01/03/2014	Date of Injury:	08/30/2011
Decision Date:	05/21/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/19/2013

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 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 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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder and arm pain reportedly associated with an industrial injury of August 30, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; transfer of care to and from various providers in various specialties; attorney representations; and psychological counseling. In a Utilization Review Report of December 13, 2013, the claims administrator denied a request for topical Terocin lotion and denied a request for unspecified amounts of physical therapy. The applicant's attorney subsequently appealed. In a November 27, 2013 progress note, the applicant is described as presenting with chronic shoulder pain, low back pain, and neck pain. The applicant is apparently returned to regular duty work and issued prescriptions for Protonix, Voltaren, tramadol, and Terocin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN TOPICAL LOTION 120 ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics 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, the applicant is described as using multiple first-line oral pharmaceuticals, including Voltaren and tramadol, effectively obviating the need for the topical compounded Terocin agent which is, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is not medically necessary, on Independent Medical Review.

PHYSICAL THERAPY FOR THE LEFT SHOULDER, LUMBAR AND CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back, Shoulder, Physical Therapy (PT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 43,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As noted in the MTUS-adopted ACOEM Practice Guidelines in Chapter 5, page 43, it is incumbent upon the attending provider to furnish a clear prescription which states treatment goals. In this case, however, the attending provider has not furnished a prescription which clearly states treatment goals. No quantity, amount or duration of physical therapy was furnished on the prescription for the same. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines endorse tapering or fading the frequency of treatment over time and emphasize the importance of self-directed home physical medicine. In this case, it is not clearly stated why the applicant cannot perform self-directed home physical medicine, over 2 years removed from the date of injury. For all the stated reasons, then, the request, as written, runs counter to the MTUS principles and parameters. Therefore, the request remains not medically necessary.