

Case Number:	CM14-0003751		
Date Assigned:	02/03/2014	Date of Injury:	03/31/2011
Decision Date:	06/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/10/2014

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 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 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 51-year-old female who has submitted a claim for cervicgia, carpal tunnel syndrome and disorders of bursae and tendons in shoulder region, unspecified associated with an industrial injury date of March 31, 2011. The patient complains of constant, severe left shoulder pain rated 8/10 with medications and 10/10 without medications. There were also complaints of neck pain radiating to the bilateral arm and hands, and mid and lower back pain. Physical examination showed limitation of motion of the cervical spine and decreased DTRs in the upper extremities. The diagnoses include cervicgia, carpal tunnel syndrome, and disorders of the bursae and tendons in the shoulder region, unspecified. Terocin patch was prescribed for pain, and acupuncture as an adjuvant for treatment. Treatment to date has included oral analgesics, splinting, physical therapy, home exercises, left carpal tunnel cortisone injections, and left lateral epicondyle Kenalog injection. Utilization review from January 2, 2014 denied the request for acupuncture for the left shoulder, right carpal tunnel, and left upper arm and neck x 6 due to no detailed clinical examination findings to include deficits in range of motion, strength, endurance, or ADLs of the upper extremities. Also, no specific goals of therapy are given. Moreover, acupuncture is considered under study for upper back and not recommended for neck pain. The request for Terocin patch 4% q.d. #10 x2 was also denied because it contains an active ingredient that is not recommended, and there was no evidence of intolerance or lack of effectiveness of oral formulations to substantiate the need for the compounded formula.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR LEFT SHOULDER, RIGHT CARPAL TUNNEL, LEFT UPPER ARM AND NECK X 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, and reduce muscle spasms. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. In this case, the patient complains of neck pain radiating to the bilateral arm and hands, left shoulder pain, and mid and lower back pain. However, the most recent progress reports only provided objective findings for the cervical spine. There was no objective evidence to support the need for acupuncture treatment of the other body parts such as the left shoulder, right carpal tunnel and the left arm. The medical necessity has not been established due to lack of information. Therefore, the request for Acupuncture for Left Shoulder, Right Carpal Tunnel, Left Upper Arm And Neck X 6 is not medically necessary.

TEROCIN PATCH 4% # 10 X 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, 112-113&Salicylate Topicals, page 105;.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 56-57, 112

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Regarding the Menthol component, CA MTUS does not cite specific provisions. ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, patient was initially prescribed Elavil and gabapentin for neuropathic pain. However, no improvement was noted. The medical necessity for shifting her oral medications into a transdermal product has been established. Therefore, the request for Terocin Patch 4% # 10 X 2 is medically necessary.

