MAXIMUS Federal Services

| Case Number: | CM14-0100405 | | |
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| Date Assigned: | 07/30/2014 | Date of Injury: | 05/13/2013 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 05/29/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

## 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 Physical Medicine and Rehabilitation 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 injured worker is a 63-year-old female with a reported date of injury on 05/13/2013. The mechanism of injury was noted to be from a fall. Her diagnoses were noted to include status post fall with facial contusion, cervicogenic headaches, post-traumatic head syndrome, and status post right shoulder surgery. Her previous treatments were noted to include physical therapy, medications, and surgery. The progress note dated 02/27/2014 revealed complaints of dizziness and pain to her neck, right upper extremity, lower back, hips, and knees. The physical examination revealed tenderness to the lumbosacral junction from L3-S1, as well as superior iliac crest. The motor strength testing appeared to be normal. The progress note dated 04/28/2014 revealed complaints of headaches, decreased concentration and memory, decreased sleep, nausea, and depression. The injured worker denied vomiting. The physical/neurological examination revealed depression and the neurological remained unchanged. The Request for Authorization form was not submitted within the medical records. The request was for a single photon emission computerized tomography (SPECT) scan of the lumbar spine and Terocin patches quantity 30. However, the provider's rationale was not submitted within the medical records.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Single-photon emission computerized tomography (SPECT) scan of the lumbar spine:**
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter: SPECT Scan

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, SPECT (single photon emission computed tomography).

**Decision rationale:** The request for a single photon emission computerized tomography (SPECT) scan of the lumbar spine is not medically necessary. The injured worker complains of back pain. The Official Disability Guidelines do not recommend SPECT for general use in back pain. The guidelines state it is under study as a screening criterion for facet joint injections or suspected inflammatory arthropathies not diagnosed by tests that are more common. The decision to use SPECT in most injured workers with low back pain cannot be determined by clinical trials. There is noted tenderness to the lumbosacral junction from L3-S1; however, the guidelines do not recommend a SPECT for general use in back pain. Therefore, due to the lack of documentation regarding the rationale behind a SPECT and it not being recommended by the guidelines, the SPECT is not appropriate at this time. Therefore, the request is not medically necessary.

**Terocin patches, QTY: 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Lidocaine, Page(s): 105, 111, 112.

**Decision rationale:** The request for Terocin patches QTY: 30 are not medically necessary. Terocin patches are topical Lidocaine and Menthol. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical Analgesics 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. The guidelines indicate that topical Lidocaine (Lidoderm) 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 anti-epileptic drug such as Gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. There is a lack of documentation of efficacy and improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.