

Case Number:	CM14-0103345		
Date Assigned:	07/30/2014	Date of Injury:	11/15/2011
Decision Date:	10/01/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/03/2014

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 Nevada. 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 41-year-old gentleman who was reportedly injured on January 15, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated July 2, 2014, indicates that there are ongoing complaints of low back pain with weakness, numbness, and tingling in the lower extremities. Pain is rated at 6-7/10. The physical examination demonstrated tenderness along the right side of the lumbar spine paraspinal muscles, the spinous processes at L3, L4, and L5, and along the posterior superior iliac spine. There was decreased lumbar spine range of motion and a positive bilateral straight leg raise test. Decreased sensation was noted at the left lower extremity. Diagnostic imaging studies of the lumbar spine show early disk desiccation at L4 - L5 and L5 - S1. There was a disc protrusion at L4 - L5 facing the left and right exiting L for nerve roots, and a disc protrusion at L5 - S1 at facing the left and right L5 exiting nerve roots. Previous treatment includes an epidural steroid injection and oral medications. A request was made for Terocin patches and six sessions of localized intense Neurostimulation therapy for the lumbar spine and was not certified in the pre-authorization process on July 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Terocin Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Non Steroidal Inflammatory Agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Terocin patches are a compound of methyl salicylate, capsaicin, menthol, and lidocaine. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the California Medical Treatment Utilization Schedule, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Terocin patches is not medically necessary.

6 localized intense neurostimulation therapy (LINT) sessions for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, devices such as localized intense neurostimulation (LINT) and other neuromuscular electrical stimulation devices are not recommended except as part of a rehabilitation program following a stroke. There is no evidence to support its use in chronic pain. As such, this request for six sessions of localized intense neurostimulation therapy for the lumbar spine is not medically necessary.