

Case Number:	CM14-0108043		
Date Assigned:	08/01/2014	Date of Injury:	03/29/2013
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/11/2014

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 Illinois. 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 36-year-old male who reported an injury on 03/29/2013. The mechanism of injury was not submitted in the report. The injured worker has diagnoses of lumbar spinal strain, left lumbar radiculopathy, and disc herniation. The injured worker's past treatment includes medication therapy and a home exercise program. EMG results of L5-S1 revealed positive for radiculopathy. The injured worker complained of lower back pain that radiated to the left leg. There were no measurable levels of pain documented in the submitted report. The physical examination dated 05/24/2014 revealed that the injured worker had +1/2 lumbar paraspinous muscle spasms. There was tenderness to palpation over these muscles. Range of motion revealed a flexion of 60 degrees, extension of 25 degrees, right side bending 25 degrees, and left side bending 25 degrees. The injured worker had deep tendon reflexes of +2 of bilateral knees and +2 bilateral ankles. There was decreased dermatome on the left over L5-S1. The injured worker demonstrated a positive straight leg raise on the left at 60 degrees and a positive cross straight leg raise on the right at 30 degrees. The injured worker's medications consist of Flexeril 7.5 mg, Mentherm ointment, and Terocin patches. The frequency, duration, and dosage were not submitted in the report. The treatment plan was for the injured worker to continue Terocin patches, physical therapy, acupuncture, and range of motion testing. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #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 Lidocaine (Terocin) Page(s): page(s) 112.

Decision rationale: The request for Terocin Patches #30 is non-certified. The injured worker complained of lower back pain that radiated to the left leg. There were no measurable levels of pain documented in the submitted report. Terocin patches consist of lidocaine 4% and menthol 4%. The CA MTUS states lidocaine in a transdermal application is recommended for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as a tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritic. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Only FDA-approved products are currently recommended. The Guidelines state that lidocaine is recommended for localized peripheral pain; however, there was no documentation submitted in the report that the injured worker had such pain. The submitted report also lacked any evidence of the injured worker's pain levels. Furthermore, there were no notes in the submitted report showing that the injured worker had trialed and failed any first-line therapies, such as tri-cyclic or SNRI anti-depressants or AEDs, such as gabapentin or Lyrica. The efficacy of the medication was not provided to support continuation and the request as submitted did not include the frequency of the medication. As such, the request for Terocin Patches #30 is non-certified.

Range of Motion Testing for Date of Service 5/21/14: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office Visits.

Decision rationale: The request for Range of Motion Testing for Date of Service 5/21/14 is non-certified. The injured worker complained of lower back pain that radiated to the left leg. There were no measurable levels of pain documented in the submitted report. ODG guidelines recommend office visits as they are to be determined medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a

review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The submitted reports provided no documented evidence of any clinical condition for which specialized range of motion testing would be required or necessary. Lumbar strains and radiculopathies can be infrequently or diagnosed based on routine clinical examination. In addition, to a clinical examination that includes signs and symptoms that support the noted diagnosis, there were no corroborated MRI results. Based on the provided reports and considering ODG Guidelines, the request for Range of Motion Testing for Date of Service 5/21/14 is non-certified.

Physical Therapy (RPT) 3 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99..

Decision rationale: The request for Physical Therapy (RPT) 3 x 6 is non-certified. The injured worker complained of lower back pain that radiated to the left leg. There were no measurable levels of pain documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that physical medicine, up to 10 visits, may be supported to increase function 9 to 10 visits. The submitted report lacked any evidence of the injured worker having trialed and failed the use of any NSAIDs. There was also very little objective functional signs documented regarding the injured worker's deficits. There was a lack of documentation indicating why the injured worker would benefit from physical therapy and why an independent home exercise program would not be sufficient to address the injured worker's functional deficits. Furthermore, the request is for 18 sessions of physical therapy which exceeds the MTUS Guideline recommendations. The submitted request did not specify what body part needed the physical therapy. Given the above, the request for Physical Therapy (RPT) 3 x 6 is non-certified.

Acupuncture 2 - 3 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture 2 - 3 x 6 is non-certified. The injured worker complained of lower back pain that radiated to the left leg. There were no measurable levels of

pain documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupuncture points. Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and 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. Optimum duration: 1 to 2 months. The submitted report lacked evidence of the injured worker having completed conservative care and/or physical therapy. There were no physical findings as to whether either of therapies were effective or not with the injured worker's injuries. There was a lack of evidence of any functional deficits the injured worker had. There was no evidence as to what pain levels were before and after the injured worker took any medication, how long the duration was of the medication lasting, and whether they were going to be continued. The Guidelines state acupuncture is to be used in adjunction to physical rehabilitation. Given the above, the request for Acupuncture 2 - 3 x 6 is non-certified.