

<b>Case Number:</b>	CM14-0013413		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 & Rehabilitation and is licensed to practice in Texas. 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 48-year-old male who reported an injury on 10/20/2010 secondary to an unknown mechanism of injury. The injured worker was evaluated on 01/14/2014 for reports of neck, shoulder, hip, low back, bilateral hands, and left ankle pain radiating down to the left leg. The injured worker did rate the pain at 8/10 at worst and 2/10 at best. The injured worker further indicated numbness and tingling, weakness, locking, headaches, spasms, and fatigue as associated symptoms. The exam noted costovertebral angle tenderness bilaterally, tenderness to palpation in the lumbar paraspinals. Trigger points were noted in the upper trapezius, mid trapezius, lower trapezius, and thoracolumbar paraspinals bilaterally. The cervical spine range of motion was noted at 20 degrees for flexion, 40 degrees for extension, 40 degrees bilaterally for rotation, and 15 degrees bilaterally for lateral bending. The shoulder range of motion was noted at 120 degrees for forward flexion of the left and 140 degrees for abduction of the left shoulder. The lumbar spine range of motion was noted at 40 degrees flexion, 5 degrees extension, 5 degrees bilaterally for lateral bending, and 10 degrees bilaterally for rotation. Decreased sensation was noted to light touch in the left lower leg and digits 3 through 5 of the left hand. The diagnoses included shoulder impingement, frozen shoulder, myofascial pain, and tenosynovitis of the foot and ankle. The treatment plan included physical therapy, blood work, lumbar and cervical traction, and continued medication. The Request for Authorization and rationale for the request were not found in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Norco 10/325 mg, #60 is non-certified. The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a significant lack of documentation of evaluation for risk for aberrant drug-use behavior. There is no indication in the documentation provided of a recent urine drug screen. Therefore, based on the documentation provided, the request for Norco 10/325 #60 is not medically necessary and appropriate.

**TEROCIN LOTION 120ML:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 118.

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

**Decision rationale:** The request for Terocin lotion 120 mL is non-certified. The California MTUS Guidelines may recommend capsaicin only as an option in injured workers who have not responded or are intolerant to other treatments. The guidelines further indicate that lidocaine is not recommended for use topically other than in a dermal patch such as Lidoderm. Additionally, the guidelines state topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but not afterwards or with diminishing effect over another 2-week period. Furthermore, the guidelines do not recommend a compounded product that contains at least 1 drug (or drug class) that is not recommended. There is a significant lack of clinical evidence of efficacy of other treatments in the documentation provided, or a diagnosis of osteoarthritis. Therefore, based on the documentation provided, the request for Terocin lotion 120ml is not medically necessary and appropriate.

**SIX (6) PHYSICAL THERAPY SESSIONS FOR THE NECK AND SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES, 103.

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

**Decision rationale:** The request for six (6) physical therapy sessions for the neck and shoulder is non-certified. The California MTUS Guidelines state that therapy can be beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is indication in the documentation provided that the injured worker did receive prior physical therapy. There is a significant lack of clinical evidence of the efficacy of the prior therapy. Furthermore, the guidelines recommend 9 to 10 visits over 8 weeks. The number of previous visits completed is unclear. Therefore, based on the documentation provided, the request for six (6) physical therapy sessions for the neck and shoulder is not medically necessary and appropriate.