

Case Number:	CM14-0111845		
Date Assigned:	08/04/2014	Date of Injury:	03/28/2012
Decision Date:	10/08/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/17/2014

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 and Oklahoma. 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 50-year-old male who reported an injury on 03/28/2012. The mechanism of injury was not provided. On 05/30/2014, the injured worker presented with neck pain, right shoulder pain, right elbow pain, and right low back pain. Upon examination of the cervical spine, there was tenderness in the suboccipital and scalene and decreased range of motion. There is a positive maximal foraminal compression and distraction bilaterally. Examination of the right shoulder revealed a healed incision and tenderness over the AC joint, subacromial space, and decreased range of motion with a positive Neer's. Examination of the lumbar spine noted muscle guarding and decreased range of motion and a positive straight leg raise to the right. The diagnoses were cervical spine pain, cervical spine HNP, cervical radiculopathy, right shoulder internal derangement, status post fracture of the right humerus, right elbow sprain/strain, fusion of the right elbow per MRI on 02/05/2014, right elbow bursitis per MRI of 02/05/2014, lumbar spine radiculopathy, and lumbago. Prior therapy included chiropractic care, acupuncture, and shockwave therapy. The provider recommended acupuncture and Terocin patches. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 weeks: 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 2x4 weeks is not medically necessary. The California MTUS states that acupuncture is used as an option when pain medication is reduced or not tolerated and must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines recommend 3 to 6 treatments of acupuncture 1 to 3 times a week for an optimum duration of 1 to 3 months. There is a lack of documentation on the amount of acupuncture visits the injured worker underwent previously and the efficacy of the acupuncture visits. Additionally, the provider's request for acupuncture visits 2 times a week for 4 weeks exceeds the guideline recommendations. The site at which the acupuncture treatments was indicated for was not provided in the request as submitted. As such, medical necessity has not been established.

Terocin patches: Upheld

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

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

Decision rationale: The request for Terocin patches is not medically necessary. Terocin cream is comprised of methyl salicylate, capsaicin, menthol, and Lidocaine. California MTUS Guidelines state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contain at least 1 drug that is not recommended, is not recommended. The guidelines state that capsaicin is recommended only as an option if injured workers who have not responded or are intolerant to other treatments. The guidelines state that the Lidoderm patch is the only topical form of Lidocaine approved. The included medical documents do not indicate that the injured worker has not responded to or are intolerant to other treatments. The guidelines do not recommend topical Lidocaine in any other form other than Lidoderm. Included medical documents lack evidence of a failed trial of antidepressants or anticonvulsants. The request does not indicate the frequency, dose, or the site at which the Terocin, and cream was intended for. As such, the request is not medically necessary.