

Case Number:	CM14-0115710		
Date Assigned:	08/04/2014	Date of Injury:	03/28/2012
Decision Date:	09/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/22/2014

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 Orthopedic Surgery 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:

This 50-year-old male tow truck driver sustained an industrial injury on 3/28/12, relative to a slip and fall. Injuries were reported to the head, neck, right shoulder, right arm and low back. The patient sustained a right humerus fracture and underwent open reduction and internal fixation. He was also status post right shoulder arthroscopy. The 5/31/14 treating physician progress report cited neck pain radiating into the bilateral upper extremities, and right shoulder, right elbow, and radicular low back pain. The patient reported that medications offered temporary relief of pain and improved ability to have restful sleep. There were no medication side effects reported. Medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Tramadol, Menthol, and Cyclobenzaprine. The treatment plan recommended localized intense neurostimulation therapy (LINT), psychologist referral, acupuncture and chiropractic treatment for the cervical spine, right shoulder, right elbow, and lumbar spine 3x6, shockwave therapy for the right shoulder, elbow, cervical spine, and lumbar spine, and Terocin patches for pain relief. The 6/23/14 utilization review denied the request for acupuncture 2x4 pending the result of currently authorized chiropractic treatment. The request for Terocin patches was denied as there was no documentation of failed first line therapy for neuropathic pain or that oral pain medication was not tolerated.

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 California MTUS acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. Guideline criteria have not been met. There is no evidence that pain medication has been reduced or is not tolerated. There is no current functional assessment to be addressed by physical medicine treatment. The request for 8 visits exceeds guideline recommendations for an initial trial. Therefore, this request for acupuncture 2x4 weeks is not medically necessary.

Terocin patches (unspecified qty): 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): 111-113.

Decision rationale: The California MTUS does not provide specific recommendations for Terocin patches. Terocin patches include Lidocaine 600 mg and Menthol 600 mg. Lidocaine patches are recommended for localized peripheral pain after a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Menthol is a topical cooling agent that guidelines support as an optional form of cryotherapy. Guideline criteria have not been met for use of this medication. The patient is currently prescribed gabapentin with no evidence that this medication has not been effective or tolerated. Additionally, the current request for Terocin patches does not specify the quantity prescribed. Therefore, this request for Terocin patches, unspecified quantity is not medically necessary.