

Case Number:	CM14-0125257		
Date Assigned:	08/20/2014	Date of Injury:	11/03/2011
Decision Date:	09/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 female who reported an injury on 11/03/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 07/01/2014, indicated diagnoses of HNP of the lumbar spine, HNP of the thoracic spine, lumbar radiculopathy, and facet arthropathy of the lumbar spine. The injured worker reported neck and back pain. The injured worker reported her overall condition had remained constant since her last visit. The injured worker reported she had been authorized chiropractic therapy to the lumbar spine, but had not yet begun her 8 sessions of therapy due to the physician is not on the MPN list. The injured worker had a transforaminal epidural steroid injection at L4 and L5 roots dated 11/07/2013, with no pain relief. The injured worker reported she received 16 sessions of chiropractic therapy to the neck and back with significant pain relief. The injured worker denied any other previous treatment to the neck and back. The injured worker reported she took Tramadol every day and reported medication reduced her pain and improved her daily function. The injured worker also reported she took Terocin pain patches which helped to reduce her pain and improve her ability to participate in a home exercise program. The injured worker described stabbing, aching, and numbness to the mid and lower back that radiated to the bilateral lower extremities extending down to the toes. She rated her back pain at 8/10 and reported activities exacerbated her pain. On physical examination, the injured worker's range of motion of her lumbar spine was decreased in all planes. The injured worker had decreased left S1 dermatomes to pinprick and light touch. The injured worker had a positive straight leg raise on the left at 30 degrees causing pain to the left foot. The injured worker had a positive slump test and positive Lasgue's on the left. The injured worker's treatment plan included additional chiropractic care, request for Terocin patch, and follow-up in 12 weeks. The injured worker's prior treatments included chiropractic therapy, diagnostic imaging, medication management, and surgery. The

injured worker's medication regimen included Terocin patch and Tramadol. The provider submitted a request for additional chiropractic care to the lumbar spine and the Terocin patch. A request for authorization was submitted on 07/01/2014, for additional chiropractic care and the Terocin patch; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic care to the lumbar spine QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The request for Additional chiropractic care to the lumbar spine QTY: 8 are not medically necessary. The CA MTUS guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the prior therapy. In addition, there is a lack of documentation regarding a complete physical exam to evaluate for decreased functional ability, decreased range of motion, and decreased strength and flexibility. Furthermore, the submitted request does not specify a time frame. Therefore, the request for additional chiropractic care is not medically necessary.

Terocin Pain Patches (10 patches) QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: The request for Terocin Pain Patches (10 patches) QTY: 1 is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. In addition, Terocin is a topical analgesic containing Capsaicin, lidocaine, Menthol, and Methyl Salicylate. Moreover, Capsaicin

is recommended only as an option in patients who have not responded or are intolerant to other treatments. It was not indicated that the injured worker was intolerant to other treatments. Additionally, the guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy antidepressant such as gabapentin or Lyrica. It was not indicated that the injured worker had tried a first-line therapy. Furthermore, the request does not indicate a frequency. Therefore, the request for Terocin patch is not medically necessary.