

Case Number:	CM14-0150754		
Date Assigned:	09/19/2014	Date of Injury:	03/01/2012
Decision Date:	10/22/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/16/2014

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 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:

The injured worker is a 37-year-old female who reported an injury on 03/01/2012. The mechanism of injury was not provided. On 07/24/2014, the injured worker presented with complaints of neck, mid upper back, low back, bilateral shoulders and arms, bilateral elbows and forearms, left knee, left ankle and foot pain. Upon examination of the cervical spine, there was tenderness to palpation over the paravertebral muscles and restricted range of motion. There was a positive cervical compression test. Examination of the thoracic spine noted tenderness to palpation over the paraspinal muscles and restricted range of motion. Examination of the lumbar spine noted tenderness to palpation over the paraspinal muscles which remained the same since the last visit, and restricted range of motion with a positive bilateral straight leg raise. Examination of the bilateral arms, elbows, forearms, and wrists noted tenderness to palpation and a positive Phalen's test. Prior therapies included medications. Diagnoses were cervical spine musculoligamentous sprain/strain with radiculitis, rule out cervical spine discogenic disease, thoracic spine musculoligamentous sprain/strain, lumbosacral spine musculoligamentous sprain/strain with radiculitis, rule out lumbosacral spine discogenic disease, shoulder impingement syndrome, bilateral elbow sprain/strain, left thumb tenosynovitis, left trigger thumb, and left ankle sprain/strain. The provider recommended physical therapy 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:

Physical therapy, 12 sessions for the bilateral wrists, the right elbow, and the forearm.:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The request for physical therapy (PT), 12 sessions for the bilateral wrists, the right elbow, and the forearm, is not medically necessary. The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed in and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy and the amount of physical therapy visits that have already been completed was not provided for this review. Additionally, there appear to be no significant barriers to transitioning the injured worker to an independent home exercise program. As such, medical necessity has not been established.

Terocin patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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 is comprised of methyl salicylate, capsaicin, menthol and lidocaine. The California MTUS Guidelines state transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines state that capsaicin is recommended only as an option for injured workers who have not responded to or are intolerant of other treatments. The guidelines state that Lidoderm is the only topical form of lidocaine approved. There is a lack of documentation that the injured worker had failed to respond to other treatments or is intolerant of other treatments. The guidelines do not recommend topical lidocaine in any other form than Lidoderm. Included medical documentation lacked evidence of a failed trial of an antidepressant or anticonvulsant. The provider's request did not indicate the dose, site, quantity, or frequency of the medication in the request as submitted. As such, medical necessity has not been established.

