

Case Number:	CM14-0157692		
Date Assigned:	09/30/2014	Date of Injury:	03/22/2012
Decision Date:	11/04/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine, 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:

CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, knee, and ankle pain reportedly associated with an industrial injury of March 22, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical agents; unspecified amounts of physical therapy; and unspecified amounts of manipulative therapy. In a Utilization Review Report dated September 15, 2014, the claims administrator failed to approve request for Terocin patches, LidoPro, tramadol, and 12 sessions of physical therapy. Two sessions of physical therapy were partially approved and limited amount of tramadol was also partially approved, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a January 13, 2014 progress note, the applicant reported persistent complaints of neck pain and low back pain with derivative issues including stress, anxiety, depression, weight loss, insomnia, and sexual dysfunction. A TENS unit, 12 sessions of manipulative therapy, topical Terocin, Effexor, trazodone, and LidoPro were endorsed as of that point in time. The applicant was apparently tearful and emotionally fragile throughout the evaluation. The applicant's work status was not provided, it was not clearly stated. In an August 18, 2014 progress note, the applicant reported persistent complaints of neck pain, low back pain, hand pain, and groin pain with persistent stiffness, tightness, and muscles spasms. Terocin, tramadol, and LidoPro were dispensed. The applicant was not working with limitations in place, it was acknowledged. There was no explicit discussion of medication efficacy on this occasion. The attending provider also complained that the previously proposed 12 sessions of physical therapy had not been furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches, twenty count: Upheld

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

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

Decision rationale: As noted on page 111 of MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Terocin, as a class, are considered "largely experimental." In this case, there is no evidence of intolerance to and/or failure of first line oral pharmaceuticals so as to justify selection and/or ongoing usage of the Terocin patches at issue. Therefore, the request is not medically necessary.

Lidopro lotion, 4 oz, one bottle: Upheld

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

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesic such as LidoPro are considered "largely experimental." In this case, the applicant has already received and has been using the LidoPro lotion at issue, despite the unfavorable MTUS position on the same. The applicant has failed to demonstrate any evidence of medication efficacy despite ongoing use of LidoPro. The applicant remains off of work. Ongoing use of LidoPro has failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of LidoPro. Therefore, the request is not medically necessary.

Tramadol ER 150 mg, Thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93 - 94, and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability, despite ongoing

usage of tramadol. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

Twelve sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 99, 8.

Decision rationale: The 12-session course of physical therapy proposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further qualifies this recommendation by noting there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment period here, however, the applicant is off of work, on total temporary disability, despite having received earlier unspecified amounts of physical therapy over the course of the claim. Earlier physical therapy failed to curtail the applicant's dependence on opioid agent such as tramadol or the many topical compounds which the applicant is using. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for 12 sessions of physical therapy is not medically necessary.