

Case Number:	CM14-0020443		
Date Assigned:	04/25/2014	Date of Injury:	07/17/2013
Decision Date:	07/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/18/2014

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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 60-year-old woman who sustained a work-related injury on July 17, 2013. Subsequently he developed with chronic neck and shoulder pain. According to the note dated on December 11, 2013, the patient was reported to have the left knee and right shoulder pain. Her left knee pain was rated 2/10 at rest and 7/10 with activity. There is no pain with a right shoulder pain at rest 5-6/10 pain with activity. According to a note dictated on February 7, 2014, the patient the patient was complaining of neck and back pain and difficulty using the right shoulder. She was undergoing chiropractic sessions with modest help. The patient was taking ketoprofen, Norco and Terocin which was discontinued because of lack of efficacy. Her physical examination demonstrated diffuse tenderness in the cervical, lumbar and thoracic spine with reduced range of motion. The patient was diagnosed with cervical stenosis, cervical radiculopathy, degenerative disc disease of the lumbar spine, lumbar radiculopathy, chronic mid back pain, anxiety and depression. The provider requested authorization for Terocin patch, chiropractic visits, psychological and internal medicine follow-up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH #10: Upheld

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

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

Decision rationale: Terocin lotion is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. The patient previously used Terocin which was stopped because of lack of efficacy. Based on the above Terocin patches is not medically necessary.

CHIROPRACTIC VISITS 2 TIMES 4 FOR THE NECK, RIGHT SHOULDER, AND LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

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

Decision rationale: According to MTUS guidelines, manual therapy “Recommended 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”. “Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks”. According to the patient file, there was a modest effect of previous chiropractic sessions on patient pain and function. Therefore, the request for Chiropractic Visits 2 Times 4 For The Neck, Right Shoulder, And Left Knee is not medically necessary.

ONGOING PAIN PSYCHOLOGY FOLLOW-UP VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a

documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: “Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)”. In this case, there is no clear documentation for the rational for the request for a psychology visit follow up. There is no documentation of the outcome and recommendation of the previous visit. The requesting physician did not provide a documentation supporting the medical necessity for a a follow up visit. The provider documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Ongoing Pain Psychology Follow-Up Visits is not medically necessary.

INTERNAL MEDICINE FOLLOW-UP VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: “Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)”. In this case, there is no clear documentation for the rational for the request for a internal medicine visit follow up. There is no documentation of the outcome and recommendation of the previous visit. The requesting physician did not provide a documentation supporting the medical necessity for a a follow up visit. The provider documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Internal Medicine Follow-Up Visits is not medically necessary.