

Case Number:	CM14-0030642		
Date Assigned:	06/20/2014	Date of Injury:	02/11/2013
Decision Date:	07/17/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/10/2014

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, has a subspecialty in Pain Management, and is licensed to practice in Minnesota. 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 with an injury reported on February 11, 2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated February 10, 2014 reported that the injured worker complained of low back pain. The physical examination revealed hypertonicity of lumbar paraspinal muscles bilaterally. The range of motion of the lumbar spine demonstrated flexion to 45 degrees, extension to 10 degrees, right lateral flexion to 15 degrees and left lateral flexion to 15 degrees. The injured worker's diagnoses included acute L1 and L3 compression fractures; lumbar facet arthropathy, spondylosis without myelopathy; and myofascitis. The provider requested Terocin pain patch and a 30 day trial of a TENS (transcutaneous electrical nerve stimulation) unit. The rationale for the requested treatments was not provided within the clinical note. The Request for Authorization was submitted on March 3, 2014. The injured worker's previous treatments included chiropractic sessions, the date and amount of sessions were not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patch box (10) #1: 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): 111-112.

Decision rationale: The injured worker complained of low back pain. The treating physician's rationale for Terocin patch was not provided within the clinical note. According to the Chronic Pain Medical Treatment Guidelines on topical analgesics having any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Terocin patch is a topical analgesic with the active ingredient of lidocaine 4% and menthol 4%. The combination of lidocaine with any other topical medication is not recommended per guidelines. The request for terocin pain patch box (10) #1 is not medically necessary or appropriate.

Thirtyday trial of a TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The injured worker complained of low back pain. The treating physician's rationale for a TENS (transcutaneous electrical nerve stimulation) unit was not provided within clinical notes. The Chronic Pain Medical Treatment Guidelines for the use of TENS unit requires chronic intractable pain documentation of at least a three month duration. There needs to be evidence that other appropriate pain modalities have been tried (including medication) and failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). There is a lack of clinical documentation of the injured worker complaining of chronic contractual pain for at least a three month duration. There is a lack of clinical information indicating the injured worker's pain was unresolved with physical therapy, home exercises, and/or nonsteroidal anti-inflammatory drugs. Furthermore, the requested provider did not specify the utilization of the TENS unit location of application, and also distinguishing the 2-lead or 4-lead TENS as being requested. The request for a thirty day trial of a TENS unit is not medically necessary or appropriate.