

Case Number:	CM14-0059577		
Date Assigned:	07/09/2014	Date of Injury:	05/05/2009
Decision Date:	12/02/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/30/2014

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 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:

This is a female patient with the date of injury of May 5, 2009. A Utilization Review dated April 24, 2014 recommended non-certification of Terocin patch box (10 patches) and medial branch block as a diagnostic step towards rhizotomy at the bilateral L4-5 and L5-S1 facet joints. A Progress Report dated April 16, 2014 identifies Subjective Complaints of right wrist left wrist, right elbow and bilateral knee complaints. Objective Findings identify decreased right wrist, right knee range of motion. Tender to palpation and swelling in the first web space of the right hand. Tender to palpation over the TFCC. There is bruising in the dorsal aspect of the right hand. Positive Phalen's, Tinel's, and carpal tunnel compression of the left wrist. Positive McMurray's eliciting pain in the medial joint line of the right knee. Positive McMurray testing creating medial and lateral joint pain in the left knee. 4+/5 strength quads and hamstrings bilaterally. Tender to palpation over the lateral and medial epicondyle of the right elbow. There is instability with valgus testing of the right elbow. Tender over the olecranon. Diagnoses identify right TFCC tear, bilateral knee chondromalacia patella, right lateral epicondylitis, carpal tunnel syndrome left wrist, low back pain, common extensor tendon origin tendinosis/partial tear, and anxiety and depression secondary to the industrial injury. Treatment Plan identifies Terocin Patch Box.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Terocin, Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin is not medically necessary.

Medial branch block as a diagnostic step toward rhizotomy bilateral Lumbar 4-5, Lumbar 5-Sacral 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for medial branch block as a diagnostic step toward rhizotomy bilateral Lumbar 4-5, Lumbar 5-Sacral 1, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, it appears the patient's pain is not affecting his function. Additionally, there is no indication of physical exam findings supporting a diagnosis of facet mediated pain. As such, the

currently requested medial branch block as a diagnostic step toward rhizotomy bilateral Lumbar 4-5, Lumbar 5-Sacral 1 is not medically necessary.