

Case Number:	CM14-0059901		
Date Assigned:	07/09/2014	Date of Injury:	01/23/2008
Decision Date:	09/03/2014	UR Denial Date:	04/18/2014
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 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:

This is a 65 year old female with a 1/23/2008 date of injury. A progress report dated 1/15/14 noted subjective complaints of numbness, tingling, and severe pain in the ulnar aspect of the left hand and left forearm. Objective findings include tenderness of the ulnar aspect of the hand, positive tinel's sign. A progress report dated 3/26/14 noted on examination of the left wrist/forearm: tenderness on the lateral and medial epicondyle. Diagnostic Impression: lateral and medial epicondylitis, chronic cervical strain with bilateral radiculopathy Treatment to Date: joint injections, medication management A UR decision dated 4/17/14 denied the request for Terocin Lotion 120 mL. The provided information does not document failed attempt of first line oral anti-depressants or anti-convulsants. There is no documentation that oral pain medications are insufficient to manage symptoms. It also denied a request for Physical Therapy for the left elbow Qty: 12. The claimant is over 6 years post injury. The provided documentation does not provide details regarding prior conservative measures attempted. Prior physical therapy, if any, was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 120 ml: 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. Decision based on Non-MTUS Citation FDA (terocin).

Decision rationale: an online search revealed that Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. CA MTUS Chronic Pain Medical Treatment Guidelines do not recommend compound medications including lidocaine (in creams, lotion or gels), for topical applications. In addition, CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While guidelines would support a capsaicin formulation, the above compounded topical medication is not recommended. A specific rationale identifying why Terocin would be required in this patient despite lack of guidelines support was not identified. Therefore the request for Terocin Lotion 120 mL was not medically necessary.

Physical Therapy for the left elbow, Qty. 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment in Workers' Compensation), Elbow Procedure Summary (updated 2/14/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter: Physical Therapy Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter 6 page(s) 114.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG supports up to 8 physical therapy sessions over 5 weeks for epicondylitis. However, the patient's original date of injury was over 6 years ago. Additionally, there is no documentation of the number of prior physical therapy sessions, if any. Documentation of previous sessions as well as response to those measures would be necessary before this request could be authorized. Therefore, the request for Physical therapy for the left elbow Qty 12 was not medically necessary.