

Case Number:	CM14-0065913		
Date Assigned:	07/11/2014	Date of Injury:	04/23/2000
Decision Date:	08/08/2014	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/09/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 62-year-old male with a 4/23/00 date of injury. At the time (3/12/14) of request for authorization for prospective request for 10 physical therapy sessions and prospective request for unknown prescription for Terocin patch, there is documentation of subjective chronic pain in the neck, mid back, low back, left shoulder and arm, bilateral knees, and right wrist/hand. The objective findings were tenderness to palpation over the cervical and thoracic musculature, decreased cervical and lumbar range of motion, left shoulder tenderness to palpation with decreased range of motion, positive impingement signs of the left shoulder, and tenderness to palpation over the knees and right wrist/hand. His current diagnoses include history of cervical spine disc protrusions with radiculopathy exacerbation, thoracic spine myofascial pain syndrome, history of lumbar spine disc protrusions with radiculopathy exacerbation, history of left shoulder impingement, right wrist internal derangement, and history of bilateral knee surgery. The treatment to date is at least 10 physical therapy sessions with 10% improvement in function and activities of daily living and medications (opioid therapy). In addition, medical report plan identifies continue physical therapy to the cervical spine, thoracic spine and lumbar spine. Regarding the prospective request for 10 physical therapy sessions, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 10 physical therapy sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter/ Neck and Upper Back Chapter, Physical Therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of cervical and lumbar intervertebral disc disorders not to exceed 10 visits over 8 weeks. The ODG also notes patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of history of cervical spine disc protrusions with radiculopathy, thoracic spine myofascial pain syndrome, and history of lumbar spine disc protrusions with radiculopathy. In addition, there is documentation of previous physical therapy sessions and functional benefit or improvement as an increase in activity tolerance as a result of physical therapy provided to date. However, given documentation of at least 10 physical therapy sessions completed to date, which is the limit of guidelines, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. Therefore, based on guidelines and a review of the evidence, the request for prospective request for 10 physical therapy sessions is not medically necessary.

Prospective request for Unknown prescription for Terocin patch.: 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): 111-113.

Decision rationale: Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended,

is not recommended. Within the medical information available for review, there is documentation of diagnoses of history of cervical spine disc protrusions with radiculopathy exacerbation, thoracic spine myofascial pain syndrome, history of lumbar spine disc protrusions with radiculopathy exacerbation, history of left shoulder impingement, right wrist internal derangement, and history of bilateral knee surgery. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for prospective request for unknown prescription for Terocin patch is not medically necessary.