

<b>Case Number:</b>	CM14-0070924		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/17/2008
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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:

Patient is a 51-year-old male with date of injury 07/17/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/22/2014, lists subjective complaints as pain in the low back and neck with radicular symptoms to the left upper extremity. PR-2 supplied for review is handwritten and illegible. Objective findings: Examination of the low back revealed tenderness to palpation and decreased range of motion. Examination of the cervical spine revealed tenderness to palpation of the paraspinal musculature, decreased range of motion in all planes due to pain, and tenderness along the lateral epicondyle of the left elbow. Sensory exam revealed decreased sensation in the left hand. Spurling's test was negative. Patient has not attended any Chiropractic session to date. The medical records supplied for review document that the patient had not been prescribed the following medication before the request for authorization on 04/22/2014. Medications: 1. Terocin Patch SIG: 1 patch Q day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care 2 times per week for 4 weeks to cervical spine:** 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 Page(s): 58-60.

**Decision rationale:** The request is for 8 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 8 chiropractic visits is more than what is medically necessary.

**Terocin Patch 1 patch Q day (10), Bottles filled: 1, dispensed 4/22/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** According to the MTUS, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The patient's physical exam shows no evidence of radiculopathy or neuropathic pain. Terocin patches are not medically necessary.