

<b>Case Number:</b>	CM14-0074658		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/17/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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:

The injured worker is a 43-year-old female who has submitted a claim for chronic low back pain and left leg pain status post 2 previous lumbar surgeries and failed lumbar syndrome associated with an industrial injury date of 05/04/2010. Medical records from 10/19/2013 to 07/16/2014 were reviewed and showed that patient complained of lower back pain graded 6-8/10 radiating down bilateral lower extremities (greater on the left leg) with numbness. Physical examination revealed tenderness over L3-S1 and lumbar intervertebral spaces and decreased lumbar ROM. MMT of the right lower extremities was 4/5. Sensation to light touch was decreased on the right L5-S1 dermatomal distribution. EMG/NCS of the lower extremities dated 04/25/2014 revealed left active S1 radiculopathy. MRI of the lumbar spine dated 05/07/2014 revealed postop changes from prior anterior fusion surgery and interspinous devices L4-5 and L5-S1. Treatment to date has included L4,L5 surgery (2010), spinal fusion (2011), unspecified visits of physical therapy, Duexis (DOS: 04/24/2014) Cymbalta 40mg (01/30/2014), opioids such as acetaminophen/codeine and Vicodin, and NSAIDs such as ibuprofen. Of note, the patient denied GI upset (04/14/2014). Utilization review dated 04/24/2014 denied the request for physical therapy x 12 because there was no documentation of number of previous physical therapy treatments and objective improvement with previous visits. Utilization review dated 04/24/2014 denied the request for Duexis tid (no strength/qty indicated) because there was no documentation of a condition/diagnosis for which Duexis was indicated. Utilization review dated 04/24/2014 denied the request for Terocin patch (no qty indicated) because the guidelines do not consistently support compound medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient has already completed unspecified visits of physical therapy. There was no documentation concerning functional outcomes from previous sessions. There was no discussion as to why the patient cannot self-transition into HEP. The request likewise failed to specify the body part to be treated. Therefore, the request for Physical Therapy x 12 is not medically necessary.

**Duexis three times per day (no strength / quantity indicated): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Duexis.

**Decision rationale:** Duexis is a combination of Famotidine and ibuprofen. Pages 67 to 68 of the CA MTUS Chronic Pain Guidelines state that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing, thus, it is only indicated for short-term use. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, the patient was previously prescribed Duexis (DOS: 04/14/2014). There was no documentation of functional improvement with Duexis use. The long-term use of Duexis is not in conjunction with guidelines recommendation. There was no discussion as to why variance from the guidelines is needed. The request likewise failed to indicate the dosage and quantity of Duexis. Therefore, the request for Duexis three times per day (no strength / quantity indicated) is not medically necessary.

**Terocin patch (no quantity indicated): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics, Lidocaine Page(s): 56-57, 112.

**Decision rationale:** Terocin Patch contains 4% lidocaine and 4% menthol. According to CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the patient was prescribed Cymbalta 40mg (01/30/2014) for neuropathic pain. The guidelines state that topical lidocaine may be recommended once there has been trial of first-line therapy. The medical necessity for Terocin patch has been established. However, the request failed to indicate the quantity of Terocin patch. Therefore, the request for Terocin patch (no quantity indicated) is not medically necessary.