

<b>Case Number:</b>	CM14-0078188		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/25/1998
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 59-year-old female with a 5/26/98 date of injury. The mechanism of injury was not noted. According to a progress report dated 4/4/14, the patient presented for a follow-up for lower back and radiating leg pain. She rated her back pain as an 8-9/10 on the pain scale. She reported radiation of pain down her legs bilaterally into her feet and occasionally tingling sensations in her legs. Objective findings: tenderness to palpation to lumbar paraspinals left greater than right; decreased ROM of lumbar spine in all planes; decreased sensation left L5, S1 dermatomes. Diagnostic impression: lumbar radiculopathy, HNP lumbar spine, facet arthropathy lumbar spine. Treatment to date: medication management, activity modification, physical therapy, acupuncture, injections. A UR decision dated 5/14/14 denied the requests for Terocin patches and chiropractic treatment. Regarding chiropractic treatment, the patient should first be afforded the epidural steroid injection prior to considering other treatment options. The rationale for denial of Terocin patches was not provided for review.

### 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 Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/lookup.cfmsetid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

**Decision rationale:** MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that 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). There is no documentation that the patient has ever been on an oral first-line agent. In addition, there is no documentation as to where the patch is to be applied, how often, or the duration the patch will be left on. Therefore, the request for Terocin patches #10 was not medically necessary.

**Chiropractic treatment x 8 for the back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, a request to initiate treatment would make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6 chiropractic/manipulation treatment. However, this is a request for 8 sessions of chiropractic treatment. Guidelines support an initial trial of only 6 sessions. Therefore, the request for Chiropractic treatment x 8 for the back was not medically necessary.