

Case Number:	CM14-0093352		
Date Assigned:	07/25/2014	Date of Injury:	02/29/2012
Decision Date:	08/28/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/19/2014

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 Physical Medicine and Rehabilitation and Pain Medicine, has a subspecialty in Pain 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 38-year-old male patient with a date of injury on 09/29/2012 diagnosed with myofascial pain syndrome/rotator cuff syndrome. The records indicate that requests for chiropractic therapy 24 to the shoulder and Terocin patches #10 were not uncertified at utilization reveal on 05/23/14 with the the reviewing physician noting that there are instances when guidelines with support utilization of treatment in the form of chiropractic treatment as a means of rehabilitation. However, in the current situation, I would be expected the patient would have the ability to perform a proper nonsupervised rehabilitation regimen this far removed from the onset of symptoms. It was reported the guidelines do not typically support topical analgesics as a primary means of treatment for management of chronic pain conditions. A letter of appeal dated 06/04/14 from the treating physician noted that with respect to the denied Terocin patch, the patient had been given Neurontin in the past for paresthesias in the arms but this medication was insufficient to control his numbness. There was noted the patient has not interested in pursuing epidural steroid injections or taking narcotics. It was felt that Terocin was essential to control the inflammation and neuropathic pain. Regarding chiropractic treatment, it was reported the patient stated he had success with prior rounds of chiropractic care. He had not had any for at least 6 months. Since he was suffering a flareup, chiropractic care was warranted. It was reported that after prior sessions he was now more independent with activities of daily living and able to walk farther, sit longer and bathe more easily. The most recent progress note included for review is dated 05/20/14 and is handwritten and very limited and legibility. It was reported that the patient finished physical therapy with some benefit but continues to have pain. The patient is not working. Physical examination revealed positive right carpal tunnel compression, positive

cervical facet maneuver. Chiropractic was ordered to help with pain management and since Neurontin did not help numbness Terocin patch will be tried.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 2x4 to shoulder 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X Manual Therapy and Manipulation, pg 58-60 Page(s): 58-60.

Decision rationale: The CA MTUS guidelines state Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The patient has a chronic injury from 2012 and has been treated previously with multiple modalities including multiple rounds of chiropractic treatment as well as physical therapy. There is no indication the patient is participating in a self-directed home exercise program, which would be expected at this point given the extensive supervised treatment received to date. Although there were non-quantified reports of decreased symptoms and improved function with prior chiropractic treatment, it is noted the patient still has not returned to work. There were no progress reports from the time frame in which chiropractic treatment occurred to assess documented efficacy. Physical examination findings are not such that the patient would require additional therapy and there is no indication that the patient is having an acute flare up of symptoms. Chiropractic treatment is not recommended over performance of an aggressive self-directed home exercise program in this case. The request for additional Chiropractic Therapy is not medically necessary.

Terocin patches # 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X Topical Analgesics, pg 111-113 Page(s): 111-113.

Decision rationale: The CA MTUS on Topical Analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. Terocin patches contain lidocaine and menthol. Topical lidocaine is 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). The guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not

recommended. Treating provider reports the patient did not receive adequate benefit from the use of Neurontin. However, there are multiple other first line oral medications available that have not been tried and failed such as tricyclic antidepressants and anti-inflammatories. The medical necessity of Terocin patch #10 (frequency of application/dosing not specified) is not established.