

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0098937 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 11/26/2013 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 06/14/2014 |
| Priority: | Standard | Application Received: | 06/27/2014 |

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, has a subspecialty in Interventional Spine 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 patient is a 58-year-old male with date of injury of 11/26/2013. The listed diagnoses per [REDACTED] dated 05/22/2014 are Thoracic musculoligamentous sprain/strain, Lumbosacral musculoligamentous sprain/strain with radiculitis, Rule out lumbosacral spine discogenic disease, Right rib contusion, Right costochondritis, Right rib fracture, per patient history. According to this report, the patient complains of back and right-sided rib pain. The objective findings show tenderness to palpation on the right middle/lower ends of her rib cage. There is thoracic spine tenderness and muscle spasms in the upper/mid/lower thoracic regions. Tenderness to palpation in the spinal process at L3, L4, and L5/bilateral paraspinal muscles/sacroiliac joints. There are palpable spasms/trigger points in the bilateral paraspinal muscles. Positive straight leg raise at 55 degrees on the right and 60 degrees on the left. Decreased sensation to light touch and pinprick on the left lower extremities. The utilization review denied the request on 06/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Terocin patches: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Salicylate topicals, NSAIDs, Menthol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following regarding lidoderm patches Page(s): 56-57.

Decision rationale: This patient presents with back and right rib pain. The treater is requesting Terocin patches. The MTUS Guidelines, page 111, on topical lidocaine states that it is recommended for localized peripheral pain after there has been evidence of a first line therapy (tricyclic or SNRI antidepressants or AED such as gabapentin or Lyrica). Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. The records show that the patient had not tried Terocin patches in the past. In this case, it appears that the treater is prescribing this medication for the patient's back and rib pain. While it is not indicated for back pain, rib cage pain may be amenable to lidocaine patch as it is peripheral, localized and may be due to neuropathic pain. Recommendation is for authorization.

Interferential (IF) Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) MTUS Page(s): 118-120.

Decision rationale: This patient presents with back and right rib pain. The treater is requesting an Interferential unit. The MTUS Guidelines, pages 118 to 120, states that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications and limited evidence of improvement on those recommended treatments alone. In addition, a 1-month trial may be appropriate to permit the treater to study the effects and benefits of its use. The records do not show that the patient has trialed an IF unit. In this case, MTUS requires a trial of an IF unit to determine its efficacy in terms of function and pain reduction. Recommendation is for denial.

Hot and Cold Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding hot/cold treatments: (L-spine chapter).

Decision rationale: This patient presents with back and right rib pain. The treater is requesting hot and cold unit. The MTUS and ACOEM Guidelines are silent with regard to this request. However, ODG Guidelines recommends at-home local applications of cold pack in the first few days of acute complaints; thereafter, application of heat packs. ODG further states that mechanical circulating units with pumps have not been proven to be more effective than passive

hot/cold therapy. In this case, ODG does not support mechanical circulating units for the treatment of chronic pain. Recommendation is for denial.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Functional Capacity Evaluation. ACOEM guidelines has the following regarding functional capacity evaluations: (p137,139).

Decision rationale: This patient presents with back and right rib pain. The treater is requesting functional capacity evaluation. The ACOEM Guidelines on functional capacity evaluation, pages 137 to 139, states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. An FCE reflects what an actual individual can do in a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, an individual's performance in an FCE is probably influenced by multiple non-medical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE results for determination of current work capacities and restrictions. The progress report dated 05/22/2014 notes that the treater is requesting a physical performance FCE to ensure that the patient can safely meet the physical demands of her occupation. In this case, routine FCEs are not supported by the guidelines unless asked by an administrator, employer, or the information is crucial. Recommendation is for denial.