

<b>Case Number:</b>	CM13-0027904		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Rehab 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 41-year-old female who reported an injury on 10/03/2012. The mechanism of injury was not specified. Her diagnoses include herniated nucleus pulposus of the cervical spine with stenosis and cervical radiculopathy. Her past treatments include modified activities, home exercises, medication, topical analgesics, physical therapy, acupuncture treatment, and occupational therapy. Relevant diagnostic studies and surgical history were not provided within the documentation. On 07/24/2013, the patient presented with tightness and right sided neck pain at 8/10. She also reported receiving benefit from the Terocin cream and oral medications. The objective findings revealed tenderness to palpation of the right cervical paraspinal musculature, decreased range of motion in the cervical spine in all planes, and decreased sensation of the right C5 and C6 dermatomes. Her medications included Terocin lotion and CM3 ketoprofen 20% cream. The treatment plan was noted to include physical therapy for the cervical spine and continuation of topical analgesics. A rationale for the request was not provided within the documentation. A Request for Authorization Form was submitted for review on 07/24/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2X4 FOR CERVICAL SPINE:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend a total of 10 visits of physical therapy for the treatment of unspecified neuralgia, neuritis, and radiculitis. The injured worker was noted to have received physical therapy previously. However, there was a lack of documentation to quantify the number of visits received, evidence of objective functional improvement, and evidence of objective pain relief achieved during previous treatment. Additionally, there was a lack of documentation to show evidence of recent objective functional deficits. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for PT 2x4 for cervical spine is not medically necessary.

**TEROCIN PAIN RELIEF LOTION, CM3-KETOPROFEN 20%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic,; Topical Capsaicin; Lidocaine; Ketoprofen Page(s): 111; 28; 112; 112.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug (or drugs class) that is not recommended, is not recommended. The California MTUS Guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines indicate the only approved topical formulation of lidocaine is the dermal patch and Ketoprofen is not currently FDA approved for topical application. Terocin lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. However, the only approved topical formulation of lidocaine is the dermal patch. Therefore, there request for Terocin lotion is not supported by the guidelines. Ketoprofen is not FDA approved for topical application. Therefore, the Ketoprofen cream is not supported by the guidelines. As such, the request for Terocin pain relief lotion, CM3-ketoprofen 20% is not medically necessary.