

Case Number:	CM14-0102151		
Date Assigned:	07/30/2014	Date of Injury:	06/16/2004
Decision Date:	08/11/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 40-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 16, 2004. In a Utilization Review report dated May 30, 2014, the claims administrator failed to approve requests for a pain management consultation, six sessions of localized intense neurostimulation therapy, Terocin patches, and a TENS unit. The claims administrator referenced an April 18, 2014 RFA form and associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. In a September 15, 2014 progress note, the applicant reported primary complaint of low back pain, 8/10, moderate-to-severe, with derivative complaints of depression, anxiety, and insomnia. The applicant was placed off of work, on total temporary disability, while multiple dietary supplements and topical compounds were endorsed. Localized intense neurostimulation therapy and extracorporeal shockwave therapy were endorsed while the applicant was kept off of work. On July 30, 2014, the applicant, once again, was placed off of work, on total temporary disability, while multiple dietary supplements and topical compounds were endorsed. 7-8/10 pain complaints were noted. The applicant reported ancillary complaints of depression and anxiety. On July 3, 2014, a TENS unit, pain management consultation, orthopedic surgery consultation, lumbar MRI imaging, electrodiagnostic testing, and Terocin patches were endorsed while the applicant was placed off of work, on total temporary disability. On May 20, 2014, the applicant reported 7/10 low back pain complaints with ancillary complaints of psychological stress. Multiple dietary supplements and topical compounds were

endorsed, along with a cane, a pain management specialist consultation, six sessions of localized intense neurostimulation therapy, and Terocin patches. The applicant was, once again, placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pain management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: Yes, the request for a pain management consultation was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was off of work, on total temporary disability, despite receipt of various treatments over the course of the claim, including localized intense neurostimulation therapy, topical compounds, dietary supplements, etc. Obtaining the added expertise of a pain management specialist, thus, was indicated on several levels, including for disability management and/or medication management purposes. Therefore, the request was medically necessary.

Six (6) Localized intense neurostimulation therapy (LINT) sessions for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) Hyper-stimulation analgesia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS); Physical Medicine Page(s): 97; 98.

Decision rationale: Conversely, the request for six sessions of localized intense neurostimulation therapy was not medically necessary, medically appropriate, or indicated here. Localized intense neurostimulation therapy appears to represent a variant of percutaneous electrical nerve stimulation or PENS therapy. However, page 97 of the MTUS Chronic Pain Medical Treatment Guidelines notes that percutaneous electrical nerve stimulation is not recommended as a primary treatment modality but should be employed only as an adjunct to a program of functional restoration in applicants in whom other appropriate nonsurgical treatment options, including therapeutic exercise and TENS, have been tried and/or failed or judged to be unsuitable. Here, the applicant remained off of work, on total temporary disability, throughout 2014 and 2015. It did not appear that the localized intense neurostimulation therapy (LINT)

modality/percutaneous electrical neurostimulation (PENS) modality at issue was, in fact, employed in conjunction with a program of functional restoration. The concurrent usage of many different passive modalities to include a TENS unit, topical compounds, localized intense neurostimulation therapy, moreover, ran counter to the philosophy espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that passive modalities, as a whole, should be employed sparingly during the chronic pain phase of treatment. Therefore, the request was not medically necessary.

Unknown prescription of Terocin patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - TEROGIN- methyl salicylate, capsaicin, menthol dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0. Oct 15, 2010 - FDA Guidances & Info; NLM SPL Resources. Download Data ... Methyl Salicylate 25% Capsaicin 0.025% Menthol 10% Lidocaine 2.50%.

Decision rationale: Similarly, the request for topical Terocin patches was likewise not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, the attending provider failed to proffer evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Terocin compound in question. Therefore, the request was not medically necessary.

1 TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Finally, the request for a TENS unit was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, with beneficial effects evident in terms of both pain relief and function. Here, however, the applicant remained off of work, on total temporary disability, despite provision with the TENS unit. The applicant remained dependent on various other treatment modalities, including dietary supplements, topical compounds such as Terocin, localized intense neurostimulation therapy, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of the TENS unit at issue. Therefore, the request was not medically necessary.