MAXIMUS Federal Services

Case Number:	CM14-0123701		
Date Assigned:	08/08/2014	Date of Injury:	02/22/2001
Decision Date:	07/16/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/05/2014

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: California
Certification(s)/Specialty: Family Practice

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 49 year old, male who sustained a work related injury on 2/22/01. He lifted a wooden table weighing approximately 300 pounds and he experienced a popping sensation as he lifted the table. The diagnoses have included status post lumbar fusion and left leg radiculopathy. Treatments have included oral medications, Terocin patches, physical therapy (not beneficial), lumbar spine surgery x 2, and acupuncture (not beneficial). In the PR-2 dated 6/21/14, the injured worker complains of some back pain. He has left leg pain, numbness and tingling down his left leg to his foot. He has tenderness to palpation of lumbar muscles with muscle spasm. He has decreased range of motion in lumbar spine. He has mildly positive left straight leg raise at 60 degrees. The treatment plan includes lumbar spine x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

AP and lateral x-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-1 and Table 12-8.

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of imaging of the lumbar spine for patients with low back complaints. In this case, the patient has a previously documented X-ray of the lumbar spine completed on 7/10/2014. The findings from this radiograph were: spondylolisthesis of the lumbar spine and status post lumbar fusion at L4-S1. There were no other notable findings on this radiograph report. The MTUS/ACOEM guidelines indicate that the clinician should consider further imaging with the occurrence of red flag symptoms. These red flag symptoms are presented in Table 12-1. In this case, there is no documentation to indicate that the patient has any of these red flags for a potentially serious underlying condition. In Table 12-8 the MTUS guidelines indicate that plain film imaging of the lumbar spine is indicated only when there is documentation of these red flag symptoms. Imaging of the lumbar spine is not indicated for routine follow-up. In summary, the patient has a documented X-ray of the lumbar spine completed on 7/10/2014. There is no indication in the records from this time frame that the patient's status has changed or that any red flag symptoms have occurred. For this reason, AP and lateral X-ray of the lumbar spine is not considered as medically necessary.

Terocin patches, unknown quantity: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics as a treatment modality. Terocin is a topical analgesic that contains the following ingredients: Methyl Salicylate, Capsaicin, Menthol and Lidocaine. The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As noted, one of the components of Terocin is lidocaine. The MTUS guidelines state the following on the use of topical lidocaine: Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is insufficient documentation that the patient has received an adequate trial of first-line therapy for neuropathic pain. Specifically, there is insufficient documentation that the patient has received an adequate trial of a tricyclic or SNRI anti-depressant or an AED. For this reason, the use of a topical analgesic that includes lidocaine, is not considered as medically necessary.