

Case Number:	CM14-0196176		
Date Assigned:	12/04/2014	Date of Injury:	03/09/2006
Decision Date:	01/21/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal 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:

The patient is an injured worker with a history of left shoulder and cervical spine injuries. The mechanism of injury was heavy lifting. The date of injury was 03-09-2006. The progress report dated 10/24/2014 documented subjective complaints of neck pain and left shoulder pain. The patient complains of neck pain. The quality of pain is described as dull, aching, and throbbing. The duration of pain is described as frequent. The severity of symptoms is described as mild to moderate. The pain radiation is to left upper extremity. The pain was relieved by medication and cervical traction. Associated symptoms include waking up at night. The chronic pain is creating personality changes, which are affecting social interactions, and is affecting the patient. The patient is showing signs of depression. The left shoulder pain is due to a work injury. The quality of pain is described as dull, aching, stabbing, and throbbing. The duration of pain is described as constant. The severity of symptoms is moderate with profound limitations. The pain is aggravated by use of the left upper extremity. Pharmaceuticals are creating dyspepsia. The patient was told to decrease the use, take it with food, and was provided with Prilosec for the symptoms. Current medications included Prilosec, Terocin, Cyclobenzaprine, and Ultracet. An MRI (magnetic resonance imaging) dated 8/15/2014 demonstrated 3 mm focal central disc herniation at C3-4 with mild spinal stenosis but no foraminal narrowing. Mild spinal stenosis but no significant foraminal narrowing at C4-5 was noted. Moderate left and mild right foraminal narrowing at C5-6 without significant spinal stenosis was noted. Compared to the previous exam, there is overall generalized mild progression of the multilevel spondylosis with increase in the degrees of spinal and foraminal narrowing. The C3-4 disc herniation overall is grossly stable in terms of size. Diagnostic impressions included rotator cuff tear, cervical radiculopathy, and cervical spondylosis. Treatment plan included Prilosec and Terocin patch. The patient has been

unresponsive to conservative care. Spinal surgery consultation is being requested. Psychological consultation was requested to evaluate mental health issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs), Capsaicin, Topical Page(s):. Decision based on Non-MTUS Citation Terocin <http://www.drugs.com/pro/terocin.html>

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records document dyspepsia associated with medications. Per MTUS, NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Medical records indicate long-term NSAID use, which is not recommended by MTUS. The MTUS guidelines do not support the use of topical NSAIDs. Methyl salicylate is a NSAID. Medical records do not document a diagnosis of post-herpetic neuralgia, which is the only FDA approved indication for topical Lidocaine. The use of topical Lidocaine is not supported. Per MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Terocin is not supported by MTUS guidelines. Therefore, the request for Terocin patches #30 with 1 refills is not medically necessary.

Consultation with a spinal surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. The American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The progress report dated 10/24/2014 documented that MRI magnetic resonance imaging dated 8/15/2014 demonstrated 3 mm focal central disc herniation at C3-4 with mild spinal stenosis but no foraminal narrowing. Mild spinal stenosis but no significant foraminal narrowing at C4-5 was noted. Moderate left and mild right foraminal narrowing at C5-6 without significant spinal stenosis was noted. Compared to the previous exam, there is overall generalized mild progression of the multilevel spondylosis with increase in the degrees of spinal and foraminal narrowing. The C3-4 disc herniation overall is grossly stable in terms of size. The patient has been unresponsive to conservative care. Spinal surgery consultation is being requested. Medical records document significant spinal pathology that may benefit from the expertise of a spinal surgeon. The request for specialty referral and consultation is supported by MTUS and ACOEM guidelines. Therefore, the request for consultation with a spinal surgeon is medically necessary.

Consultation with a psychologist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Psychological evaluations Page(s): 23, 100-102.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses psychological evaluation and treatment and behavioral interventions. Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Behavioral interventions

are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The progress report dated 10/24/2014 documented that chronic pain is creating personality changes, which are affecting social interactions, and is affecting the patient. Patient is showing signs of depression. Psychological consultation was requested to evaluate mental health issues. Per MTUS, psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures with chronic pain populations. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Behavioral interventions are recommended. The request for psychology consultation is supported by MTUS guidelines. Therefore, the request for Consultation with a psychologist is medically necessary.