

Case Number:	CM14-0202402		
Date Assigned:	12/15/2014	Date of Injury:	06/27/2012
Decision Date:	05/01/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/03/2014

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: Physical Medicine & Rehabilitation

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 56 year old male, who sustained an industrial injury on 6/27/2012. Diagnoses have included cervical disc protrusions with bilateral C7 radicular numbness, severe left and moderate right carpal tunnel syndrome, lumbar degenerative disc disease, lumbar facet syndrome and chronic daily headaches with migraine features. Treatment to date has included chiropractic manipulation and medication. According to the progress report dated 11/3/2014, the injured worker complained of neck pain, worse on the left side, with radiation into his parascapular area. He also complained of chronic, daily headaches. He complained of low back pain rated 7/10, starting in his low back and radiating into his left buttock and posterior thigh. He also noted continued worsening of his left hand numbness and tingling in his first through third digits. He had an ultrasound guided carpal tunnel injection for his left carpal tunnel on 2/24/2014, which was noted to have worked extremely well. Physical exam revealed tenderness to palpation along the left cervical facet joints and associated paraspinal muscles as well as left interscapular muscles. Exam of the lumbar spine revealed tenderness to palpation in the left greater than right lumbar paraspinals and facet joints. Exam of the bilateral hands revealed positive Phalen's on the left as well as positive Tinel's and carpal compression test on the left. The treatment plan was for ultrasound guided left carpal tunnel injection, medications including topical Terocin and continued chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin/ Topical 120mg: 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 Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and lower extremity. The request is for TOPICAL TEROGIN 120MG. Per 11/03/14 progress report, the patient is taking Anaprox, Protonix, Effexor, Terocin lotion and Norflex. The patient has been utilizing Terocin lotion since at least 10/02/14. Terocin cream is considered a topical analgesic and contains methyl salicylate, capsaicin, lidocaine and menthol. MTUS guidelines page 112 on topical lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. In this case, MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. The request of Terocin Lotion IS NOT medically necessary.

Chiropractic therapy x10: Overturned

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 Manual Therapy and Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official disability guidelines Neck chapter, Chiropractic.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and lower extremity. The request is for 10 SESSIONS OF CHIROPRACTIC THERAPY. Work status is unknown. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is recommended for chronic pain if caused by musculoskeletal conditions. For the low back it is recommended as an option. For Therapeutic care, A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks is allowed. ODG, under Neck Pain, Chiropractic Guidelines, allows 9 visits over 8 weeks for regional neck pain. ODG guidelines allows up to 18 sessions over 6-8 weeks, following initial trial of 6 visits over 2-3 weeks, with evidence of objective functional improvement for moderate cervical strain and up to 25 sessions over 6-8 weeks following initial trial of 10 visits over 4-6 weeks, with evidence of objective functional improvement for severe cervical strain. In this case, the treater does not explain why additional chiropractic treatment is being requested. The patient

has had 6 sessions of chiropractic treatment in the past with improvement, stating "He completed his ADLs in a more comfortable way and more effectively, in addition to some higher level functioning, like cleaning his house and landscaping around his home, all more possible with more frequent twice weekly chiropractic therapy." Although the treater does not specify the body part for treatment, the current request of 10 sessions combined with 6 already received do not exceed what MTUS guidelines for lower back pain or ODG guidelines for neck pain. Given the evidence of functional improvement, the request for additional 10 sessions would appear reasonable. The request IS medically necessary.

Ultrasound guided left carpal tunnel injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official disability guidelines Carpal Tunnel Chapter under injections.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and lower extremity. The request is for ULTRASOUND GUIDED LEFT CARPAL TUNNEL INJECTION. Work statue is unknown. ACOEM guidelines page 265, Chapter 11 "Forearm, Wrist and Hand Complaints" and the topic "Physical Methods" states that most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for 8 to 12 weeks. ODG guidelines Carpal Tunnel Chapter under injections, "Recommend a single injection as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection." In this case, the 11/03/14 report states that the patient has had ultrasound-guided carpal tunnel injection on 02/24/14, "which worked extremely well." ODG guidelines do not recommend more than 1 injection due to its short-term relief. For persistent symptoms, surgical intervention is recommended rather than repeating the injections. The request IS NOT medically necessary.