

<b>Case Number:</b>	CM15-0141078		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 46 year old man sustained an industrial injury on 2-17-2014. The mechanism of injury is not detailed. Evaluations include right shoulder MRIs dated 2-6-2015, 7-6-2014, and 11-7-2014, lumbar spine MRI dated 7-11-2014, orbital x-rays dated 7-1-2014, cervical spine x-rays dated 4-18-2014, and lumbar spine x-rays dated 4-18-2014. Diagnoses include cervical spine sprain-strain, thoracic spine sprain-strain, lumbar spine sprain-strain with disc herniation, bilateral shoulder impingement syndrome, right shoulder rotator cuff tear, bilateral lateral epicondylitis, bilateral wrist sprain-strain, bilateral hand sprain-strain, bilateral hip sprain-strain, right knee sprain-strain, bilateral ankle sprain-strain, visual disturbances, ringing in the bilateral ears, left inguinal hernia, anxiety, depression, and insomnia. Treatment has included oral medications, home interferential unit, physiotherapy, and chiropractic care. Physician notes dated 5-22-2015 show complaints of pain to the neck, upper and low back, bilateral shoulders, bilateral elbows, bilateral hands and fingers, bilateral hips, bilateral knees, bilateral feet and ankles, groin, abdomen, difficulty falling asleep, reduced daytime alertness, depression, irritability, crying spells, and anxiety. Recommendations include left shoulder MRI, Xanax, Motrin, Terocin patches, Omeprazole, continue chiropractic care, general surgeon consultation, continue use of home interferential unit, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **30 Terocin patches: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) and salicylate topicals and topical analgesics Page(s): 56 and 105 and 111-113. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/terocin-patch.html>.

**Decision rationale:** 30 Terocin patches are not medically necessary per the MTUS Guidelines and a review of Terocin patches online. Terocin patches contain Menthol and Lidocaine per a review of this medication online. The MTUS states that topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no evidence of post herpetic neuralgia. The MTUS supports Lidoderm patch for localized peripheral pain but it is unclear why this combination with Menthol is necessary. Menthol is an ingredient in Ben Gay, which is a methyl salicylate and supported by the MTUS. The MTUS states that topical analgesics are largely experimental. The documentation does not indicate evidence of specific localized neuropathic pain therefore this request is not medically necessary.

### **Four chiropractic visits: 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 Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** Four chiropractic visits are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS supports for the low back a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The MTUS does not support manual medicine for the ankle, foot, knee, wrist/hand/forearm, or carpal tunnel syndrome. The documentation reveals that the patient has had extensive chiropractic care. There are no extenuating factors or significant evidence of functional improvement to require another 4 chiropractic visits therefore this request is not medically necessary.