

<b>Case Number:</b>	CM15-0147556		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	11/14/2006
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: 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 65-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 14, 2006. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve a request for acupuncture, Norco, or topical Terocin. An RFA form received on June 24, 2015 was referenced in its determination. The request for acupuncture was framed as a request for additional acupuncture. The applicant's attorney subsequently appealed. On May 4, 2015, the claimant reported ongoing complaints of low back pain radiating to bilateral lower extremities. The applicant was deemed "permanently disabled," it was reported. Acupuncture, Norco, Neurontin, and topical Terocin were endorsed. The applicant exhibited a visibly antalgic gait in the clinic. No seeming discussion of medication efficacy transpired at this point. The claims administrator's medical evidence log suggested that the May 4, 2015 progress note in fact represented the most recent note on file; the June 22, 2015 progress note on which the claims administrator seemingly based its decision upon, thus, was not incorporated in the IMR packet. In an earlier note dated April 20, 2015, the applicant was again deemed "permanently disabled," it was reported. No seeming discussion of medication efficacy transpired on this date. The attending provider stated, as noted above, that the applicant's pain complaints were heightened and that the applicant was having difficulty ambulating. The note was difficult to follow as it mingled historical issues with current issues. It was stated that the applicant completed six sessions of acupuncture. The attending provider then stated that the applicant's ability to ambulate without a cane has been somewhat ameliorated as a result of ongoing acupuncture usage.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture, low back, 8 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** No, the request for an additional 8 sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20e, here, however, the applicant was off of work and had been deemed permanently disabled, it was reported on May 4, 2015. The applicant remained dependent on opioid agents such as Norco. The applicant was still having difficulty performing activities as basic as ambulating, it was reported both on May 4, 2015 and on April 20, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite receipt of at least six prior acupuncture treatments in 2015 alone. Therefore, the request for additional acupuncture was not medically necessary.

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and deemed permanently disabled, it was reported in both April and May 2015. The treating provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage on either date. Therefore, the request was not medically necessary.

**Terocin 120ml, 2 bottles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 105,111-112.

**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...](http://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:** Finally, the request for topical Terocin 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, the secondary ingredient in the compound, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of anticonvulsant adjuvant medications such as Neurontin effectively obviated the need for the capsaicin-containing Terocin compound in question. Therefore, the request was not medically necessary.