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| Case Number: | CM15-0211630 | | |
| Date Assigned: | 10/30/2015 | Date of Injury: | 07/17/2013 |
| Decision Date: | 12/14/2015 | UR Denial Date: | 10/16/2015 |
| Priority: | Standard | Application Received: | 10/27/2015 |

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: Arizona, 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 38 year old female who sustained an industrial injury on 07-17-2013. A review of the medical records indicated that the injured worker is undergoing treatment for lower back strain and post-traumatic stress disorder. According to the treating physician's progress reports on 09-21-2015 and 10-1-2015, the injured worker continues to experience anxiety and worries related to pain. Over the past 8 sessions of pain management counseling, the injured worker was noted to reduce her Beck Anxiety Inventory (BAI) level from 27 (moderate) at intake down to 13 (minimal) upon discharge with improved insight and mood and better able to cope with her pain. The injured worker is currently near completion of a work hardening program using stretching and walking along with breathing and coping strategies to manage her anxiety, sleep and pain. The injured worker presented with increased low back pain on 10-12-2015. Examination noted a normal gait, normal transition from sitting to standing and restricted lumbar range of motion with flexion at 20 degrees, extension at 10 degrees and bilateral lateral bending at 10 degrees due to pain. The cervical spine motion was full but guarded and painful. The injured worker rated her pain level at 7 out of 10 on the pain scale without medications. Prior treatments have included diagnostic testing, physical therapy, behavioral pain evaluation and sessions (8 completed), work hardening program and medications. Current medications were listed as Ibuprofen and Omeprazole. Treatment plan consists of starting therapeutic yoga classes, continuing stretching exercises at home, work restrictions based on work hardening recommendations and the current request for additional pain management counseling twice a week for 3 weeks and Terocin patch 4% #30 apply 1 patch to affected area, 12 hours on and 12

hours off. On 10-16-2015 the Utilization Review determined the requests for pain management counseling twice a week for 3 weeks and Terocin patch 4% #30 were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management counseling, 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: According to the guidelines, up to 10 sessions of behavioral sessions are recommended in pain management counseling. In this case, the claimant has completed more than 10 sessions over several months. An additional 6 sessions exceeds the guidelines amount and is not medically necessary.

Terocin patch 4% apply 1 patch to affected area, 12 hours on 12 hours off #30 per month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drug.com, Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Terocin patch contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is 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). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Further, Methyl Salicylate is a topical NSAID and may be used for arthritis but the claimant does not have this diagnosis. The claimant was on oral NSAIDS already. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.