

<b>Case Number:</b>	CM15-0034986		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	06/04/2009
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Nevada, California

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 50-year-old female who reported an injury on 06/04/2009. The mechanism of injury was not provided. The documentation of 02/12/2015 indicated the injured worker was in the office for the appeal of denial for acupuncture, Terocin patches, and transportation, visits, and therapy. The injured worker indicated she did not need transportation and her children could drop her off for physical therapy and physician visits. Prior treatments included physical therapy times 12 sessions, chiropractic treatment times 22 sessions, trigger point injections, all with no benefit, and a trial of neuropathic medications which the injured worker was unable to tolerate, and Cymbalta, which gave the injured worker pain. The current include Terocin patches 1 patch to affected area 12 hours on 12 hours off, diphenhydramine 15 mg capsules, and Sulfamethoxazole TMP DS tablets 800/160 mg twice a day. The physical examination revealed an antalgic gait. The injured worker had a Trendelenburg gait pattern to the right. The diagnoses included lumbar radiculopathy, low back pain, and chronic pain syndrome. The treatment plan included acupuncture and Terocin patches. The physician documented that the prior case had been denied, as there was no significant evidence of objective and functional deficits in the recent physical examination to support the need for supervised care and no mention of recent exacerbations, and no discussion of whether the service would be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. The documentation indicated the request was made for 2 times a week for 3 weeks. The injured worker was noted not to have trialed acupuncture before. The injured worker had pain in the low back and lower leg that were constant at 8/10. The injured worker completed active therapy,

chiropractic sessions, PT, trigger point injections, and a home exercise program. The request was made for acupuncture. In regards to the Terocin patches, the injured worker had tried tramadol, which caused swelling in the face and throat, which she presumed to be an allergic reaction. The injured worker indicated that methocarbamol caused her to be somnolent, and nabumetone or NSAIDs and Cymbalta caused GI upset. The injured worker was unable to tolerate oral medications due to side effects. The Terocin patches helped relieve the pain in the low back, and Lidoderm was recommended for neuropathic pain, and the pain level with Terocin came down to 6/10. The injured worker was tolerating them with no side effects. There was no Request for Authorization submitted for the requested treatments.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Transportation to MD visits and therapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Knee and Leg Procedure summary; Department of Health Care Services-California Criteria for Medical Transportation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Transportation (to & from appointments).

**Decision rationale:** The Official Disability Guidelines indicate that transportation to physician visits and therapy is recommended for transportation in the same community for injured workers with disabilities preventing them from self-transport. The documentation indicated the injured worker's family members could take her to the appointments. As such, this request is not supported. Given the above, the request for transportation to MD visits and therapy is not medically necessary.

#### **Acupuncture treatment, amount and frequency/duration not specified: Upheld**

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 - 6 treatments. The clinical documentation submitted for review indicated this was the initial treatment. However, the request as submitted failed to indicate the body part, the frequency, and the duration. Given the above, the request for acupuncture treatment, amount and frequency/duration not specified is not medically necessary.

**Terocin Patch 4% 12 hours on and 12 hours off, quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesic; Lidocaine Page(s): 105; 111; 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are 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. The guidelines indicate that topical lidocaine (Lidoderm) may be 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov), Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review indicated the injured worker had trialed other medications. However, there was a lack of documentation indicating the injured worker had trialed an anticonvulsant. There was a lack of documentation of exceptional factors, as no other commercially approved topical formulation of lidocaine was indicated for neuropathic pain. The request as submitted failed to indicate the body part to be treated and exceptional factors. Given the above, the request for Terocin patch 4% 12 hours on and 12 hours off, quantity 30 is not medically necessary.