

Case Number:	CM15-0039173		
Date Assigned:	03/09/2015	Date of Injury:	02/22/1999
Decision Date:	04/10/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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 injured worker is a 42-year-old female, who sustained an industrial injury on 2/22/1999. She reported the onset of pain in the right forearm. The injured worker has been diagnosed as having chronic bilateral wrist flexor and extensor tendinitis and left infraspinatus and supraspinatus tendinitis. Treatment to date has included massage therapy and medication. According to the progress report dated 1/27/2015, the injured worker complained of left shoulder and upper trapezius pain and bilateral forearm pain. The injured worker reported a 50% decrease in pain since completing four visits of massage therapy. She also complained of numbness, tingling and insomnia due to pain. She recently restarted Celebrex. She was taking Cyclobenzaprine in the evening to help relax the tension in her left shoulder and upper trapezius. She was using Terocin lotion daily, applying it to the bilateral arms and neck. Physical exam revealed tenderness to palpation left greater than right in the upper trapezius with several trigger points palpated. The shoulder impingement sign on the left was positive for pain. Authorization was requested for an additional four sessions of therapeutic massage to further decrease pain and increase range of motion. The injured worker was to continue Celebrex, Methoderm and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion (20 Percent Methyl Salicylate, 10 Percent Menthol, .025 Percent Capsaicin, 2.5 Percent Lidocaine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin Cream and/or patches are a compounded blend of several over the counter products plus lidocaine 2.5%. MTUS Chronic Pain Guidelines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. Per MTUS Guidelines standards, the compounded Terocin is not medically necessary.

Fexmid 7.5 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines recommend that long-term daily use of muscle relaxants be avoided. Short-term use for distinct flare-up of back pain is Guideline supported, but limited use is not how this is being recommended. Fexmid is a sedating muscle relaxant and Guidelines recommend limiting daily use up to 3 weeks maximum. There are no unusual circumstances to justify an exception to Guidelines. The Fexmid 7.5mg #60 is not supported by Guidelines and is not medically necessary.

4 Sessions of Therapeutic Massage: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: MTUS Guidelines recommended limiting massage therapy to a total of 4-6 sessions in most cases. Although there is reported to be some pain relief from the prior 4 sessions, there is no reporting of improved function or diminished use of medications as a result of the massage. Under these circumstances, there are no compelling exceptions to justify exceeding the recommendations of a total of 4-6 sessions. The request for 4 sessions (to total 8 authorized) is not supported by Guidelines and is not medically necessary.