

Case Number:	CM15-0052786		
Date Assigned:	03/26/2015	Date of Injury:	09/02/2011
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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: 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 49-year-old who has filed a claim for chronic low back, mid back, and shoulder pain reportedly associated with an industrial injury of September 2, 2011. In a Utilization Review report dated March 10, 2015, the claims administrator partially approved a request for a six-month trial of a TENS unit with electrodes to one-month trial of the same. The claims administrator also failed to approve a request for Terocin patches. The claims administrator referenced an RFA form received on March 4, 2015 in its determination as well as an office visit of February 18, 2015. The applicant's attorney subsequently appealed. In an RFA form dated March 4, 2015, Terocin patches and a six-month trial of a TENS unit were proposed. In an associated progress note of February 18, 2015, the applicant reported 4-8/10 neck, mid back, and low back pain complaints. A TENS unit and Terocin patches were endorsed. The applicant was placed off work, on total temporary disability, following earlier failed lumbar spine surgeries in 2011 and November 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month trial of TENS unit with supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: No, the request for six-month trial of a TENS unit was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one-month trial should be predicated on evidence of favorable outcome during said one-month trial, in terms of both pain relief and function. Here, the request for a six-month trial of a TENS unit, represents treatment well in excess of MTUS parameters. The attending provider failed to furnish a clear or compelling rationale for treatment this far in excess of the MTUS parameters. Therefore, the request was not medically necessary.

20 Terocin patches: Upheld

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

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 Oct 15, 2010.

Decision rationale: Similarly, the request for Terocin was likewise not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library 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 is not recommended except as a last line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the February 18, 2015 progress note at issue made no mention of issues with oral analgesic medication intolerance and/or failure to compel provision of the capsaicin-containing Terocin compound in favor of first-line oral pharmaceuticals. Therefore, the request was not medically necessary.