

Case Number:	CM14-0140167		
Date Assigned:	09/10/2014	Date of Injury:	05/16/2011
Decision Date:	10/17/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Emergency Medicine, has a subspecialty in Fellowship Trained in Emergency Medical Services, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old female, who reported an injury due to a slip and fall on 05/16/2011. On 05/12/2014, her diagnoses included cervical spine sprain/strain, rule out HNP; thoracic spine sprain/strain, rule out HNP; lumbar spine sprain/strain, rule out HNP; bilateral knee sprain/strain, rule out internal derangement; anxiety disorder; mood disorder; sleep disorder; and, stress. Her complaints included burning pain of the neck, mid back, low back, and both knees, rated at 7/10. Her treatment plan included a request for Terocin patches for pain relief. There was no mention of acupuncture anywhere in the submitted documentation. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for Lumbar Spine and Left Knee #6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture for Lumbar Spine and Left Knee #6 is not medically necessary. The California MTUS Guidelines recommend that acupuncture is an

option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The recommended frequency of treatment is 1 to 3 times per week with functional improvement noted in 3 to 6 treatments. There was no evidence in the submitted documentation that this injured worker was not tolerating her medications or that her medications were being reduced. There was no indication that this request for acupuncture was going to be an adjunct to physical therapy. Additionally, there was no frequency of treatment noted in the request. Therefore, this request for acupuncture for Lumbar Spine and Left Knee #6 is not medically necessary.

Terocin Patches: Upheld

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

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

Decision rationale: The request for Terocin patches is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control, including capsaicin and local anesthetics. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Terocin patches contain lidocaine 4%. The only form of FDA approved topical application of lidocaine is the 5% transdermal patch for neuropathic pain. The use of these patches is not supported by the guidelines. Additionally, there was no quantity or frequency of application specified in the request. Furthermore, the body part or parts to have been treated were not included in the request. Therefore, this request for Terocin patches is not medically necessary.