

Case Number:	CM14-0147973		
Date Assigned:	09/15/2014	Date of Injury:	07/16/1991
Decision Date:	10/27/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 64-year-old female who reported an injury on 07/16/1991 due to an unknown mechanism. Diagnoses were cervical herniated disc and thoracic outlet syndrome. The physical examination on 08/04/2014 revealed radicular symptoms decreased in right arm and continued headaches with spasms. The examination revealed a positive Spurling's, positive radicular symptoms, paraspinal spasms, and rhomboid spasms. The injured worker reported positive relief from Terocin lotion. The treatment plan was for Terocin lotion, craniosacral treatment 2 x6 weeks, and massage therapy 1 x6 weeks. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Salicylate Topicals, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105.

Decision rationale: The decision for Terocin lotion is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely

experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. 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 (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether cream, lotion, or gel) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per drugs.com, Terocin is a topical analgesic containing capsaicin/lidocaine/menthol/methyl salicylate. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Massage Therapy 1 time per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 61-62.

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

Decision rationale: The decision for Massage Therapy 1 time per week for 6 weeks is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend massage therapy that is limited to 4 visits to 6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long term benefits could be due to the short term treatment, or treatments such as these do not address the underlying causes of pain. The clinical information submitted for review does not provide evidence to justify massage therapy 1 time per week for 6 weeks. Therefore, this request is not medically necessary.

Craniosacral treatment 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.skeptdic.com/craniosacral.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://ptjournal.apta.org/content/82/11/1146.full>.

Decision rationale: According to Physical Therapy 11/2002, volume 82, number 11, cranial rhythms cannot be generated through organic motility of brains because neurons and glial cells lack the dense arrays of actin and myosin filaments required to produce such movement. Other hypotheses regarding genesis of this rhythm remain purely speculative. Movement between the sphenoid and occipital bones at their bases is impossible past late adolescence because, by then,

they have become one very robust bone. Movement among components of the cranial vault also is impossible in most adults because coronal and sagittal sutures usually have begun to ossify by age 25 years to 30 years and the lambdoidal suture only slightly later. Finally, even if purported cranial and intracranial movements are real, are being propagated to the scalp, and are being assessed accurately by practitioners, there is no reason to believe that parameters of such movements should be related to health and no scientific evidence that they can be manipulated to a patient's health advantage. The guidelines do not address craniosacral treatment. The rationale for requesting craniosacral treatment was not reported. Therefore, this request is not medically necessary.