

Case Number:	CM14-0152830		
Date Assigned:	09/23/2014	Date of Injury:	07/12/2006
Decision Date:	10/28/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/18/2014

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, has a subspecialty in Interventional Spine 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 patient is a 59-year-old male with a date of injury of 07/12/2006. The listed diagnoses per [REDACTED] are: 1. Impingement syndrome. 2. Bicipital tendinosis of the shoulder on the right. 3. Discogenic cervical condition, status post fusion at C5-C6. 4. Carpal tunnel syndrome bilaterally more symptomatic on the right than the left. Treatment reports from 2/26/14-8/6/14 were reviewed. According to progress report 08/06/2014, the patient is status post fusion at C5-C6 in October 2007 with continued complaints of pain. Examination revealed "he has some tenderness along the cervical paraspinal muscles bilaterally. Limited range of motion by 50% of cervical spine." The treater is requesting a cervical traction with air bladder, hot and cold compression garment, Terocin patches #30, and LidoPro lotion 4 oz. Utilization review denied the request on 08/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction with air bladder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, cervical traction units

Decision rationale: This patient presents with chronic cervical spine pain. The treater is requesting a cervical traction unit with air bladder. American College of Occupational and Environmental Medicine (ACOEM) guidelines page 173 on C-spine traction states, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. Furthermore, page 181 ACOEM lists "traction" under "Not Recommended" section for summary of recommendations and evidence table 8-8. Official Disability Guidelines (ODG) guidelines do support patient controlled traction units for radicular symptoms. In this case, there is no radicular symptoms reported. Given the lack of support from the guidelines, recommendation is not medically necessary and appropriate.

Hot & cold compression garment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Continuous-flow cryotherapy

Decision rationale: This patient presents with chronic cervical spine pain. The treater is requesting a cold and hot compression garment unit. The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) guidelines do not discuss cold therapy units. Therefore, Official Disability Guidelines (ODG) Guidelines are referenced. ODG Guidelines has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." The patient is status post c-spine fusion from 2007 and the treater does not provide a rationale for this request. ODG does not recommend continuous-flow cryotherapy for nonsurgical treatment. Recommendation is not medically necessary and appropriate.

Terocin patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams (p111,112 chronic pain section): Topical Analgesics Page(s): p111,112.

Decision rationale: This patient presents with chronic neck pain. The treater is requesting Terocin patches #30. The California Medical Treatment Utilization Schedule (MTUS) Guidelines page 112 states under lidocaine, "Indications are for neuropathic pain, recommend for localized peripheral pain after there has been evidence of trial of first line therapy." The medical records indicate the patient has been prescribed Terocin patches since 01/10/2014. In this case, the patient does not present with "localized peripheral pain." The treater appears to be prescribing the patches for patient's chronic neck pain which is not supported by California MTUS. Recommendation is not medically necessary and appropriate.

Lidopro lotion 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams(p111,112 chronic pain section): Topical Analgesics Page(s): p111,112.

Decision rationale: This patient presents with chronic cervical spine pain. The treater is requesting LidoPro lotion 4 oz. LidoPro compound cream contains Capsaicin, Lidocaine, Menthol and Methyl Salicylate. The California Medical Treatment Utilization Schedule (MTUS) Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." California MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." California MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Recommendation is not medically necessary and appropriate.