

Case Number:	CM14-0093792		
Date Assigned:	09/05/2014	Date of Injury:	07/27/2012
Decision Date:	10/15/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/20/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 36 year old female who was injured on 7/27/2012. She was diagnosed with cervicalgia, thoracic sprain/strain, shoulder/arm sprain, and neck sprain/strain. She was treated with physical therapy and TENS unit. She was able to continue working. On 5/30/14, the worker was seen by her primary treating provider complaining of neck pain rated at a 5-8/10 which was constant and radiating to the left upper extremity. She reported physical therapy having provided temporary relief. She was then recommended to continue physical therapy and begin acupuncture. Also, a recommendation to see a pain management physician was made for the purpose of considering cervical epidural steroid injections. Later, a request was made for Terocin patches for the worker to use to treat her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 81, 124.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present. If the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Specifically with those taking opioids, a pain specialist may be helpful and warranted in cases where subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, when dosing of opioids begins to approach the maximum recommended amounts, or when weaning off of opioids proves to be challenging. In the case of this worker, it appears that the worker's primary provider has not exhausted all treatment methods before considering the additional therapy of epidural injections done by a pain specialist. At the same time as this request, one for acupuncture was made. It is more reasonable to assess how the worker is doing after acupuncture before considering another treatment method as a trial. Therefore, the pain management consultation is not medically necessary.

Terocin Patches 4% #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm; Topical Analgesics, Lidocaine Page(s): 56-57; 112.

Decision rationale: Terocin is a topical analgesic patch which includes the active ingredient, lidocaine as its primary active medication. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there is no evidence that she had tried and failed oral medications, including first line therapy for neuropathic pain. Without documented evidence of this, the Terocin patch is not medically necessary.