

Case Number:	CM14-0099024		
Date Assigned:	07/28/2014	Date of Injury:	08/19/1998
Decision Date:	09/19/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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 Texas and Oklahoma. 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 56-year-old female who reported an injury 08/19/1998 after being struck by a piece of falling metal. The injured worker was diagnosed with cervical spondylosis, cervical facet joint pain, bilateral shoulder impingement, bilateral carpal tunnel syndrome, bilateral De Quervain's tenosynovitis, failed back surgery syndrome, status post spinal cord stimulator implant, lumbar radiculitis and bilateral knee arthropathy. The injured worker was placed on conservative care including chiropractic care, which the injured worker reported some relief of pain. A lumbar CT myelogram conducted on 10/25/2005 revealed status post cage placed at the level of L5-S1. There is a mild degree of disc disease at L4-5. Lumbar spine MRI performed on 10/25/2007 revealed an L5-S1 disc prosthesis and replacement. A cervical provocative discogram on 01/06/2010 revealed unequivocally positive discogram at C4-5 and C5-6 with completely negative controls at C3-4 and C6-7. A cervical spine CT scan performed on 09/05/2013 revealed a 1 mm disc bulge with associated facet arthropathy at C3-4, C4-5, C5-6 and C6-7. An EMG/NCV of the bilateral upper extremities was performed on 01/19/2012, indicating mild bilateral carpal tunnel syndrome with median nerve entrapment at the wrists affecting sensory components. An EMG/NCV in 2014 noted radiculopathy at L5. Prior surgical history includes a lumbar spine cord stimulator on 06/04/2009 and a 3 level lumbar fusion, noted by the physician; the date and location of the surgical sites were not specified by the physician. On 05/06/2014, the injured worker presented with complaints of pain of 9/10 on the pain scale. She described cervical pain as severe with spasms and headaches; there was referred pain to the occipital and upper thoracic regions. She stated she has severe bilateral shoulder and wrist pain; pain was chronic and intractable in nature. She described lumbar spine pain radiating into the bilateral lower extremities. She reported repeat falls and has decreased motor strength in the bilateral lower extremities. She complained of severe knee pain bilaterally. She further had

complaints of sleep disturbances, overeating and weight gain. She noted her falls occur approximately 1 to 2 times a week and was ambulating with a cane, but now utilizes a walker for ambulation. The injured worker was prescribed Prilosec, Dendracin topical analgesic cream and Lidoderm 5%. Ultram and Anaprox were discontinued. The injured worker's reported she did not wish to take oral medications at this time, secondary to gastrointestinal upset. The physician was suggesting topical medications for pain control and the use of P stimulation therapy. The physician was requesting Terocin patches, topical ketoprofen and point stimulation therapy. The use of these would be to replace oral medications, as the injured worker has gastrointestinal complaints related to the oral medications. A Request for Authorization form for the point stimulation therapy was made available 06/02/2014 for review. A Request for Authorization form for the topical ketoprofen and Terocin patches were not made available in these documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 112.

Decision rationale: The request for Terocin patch is non-certified. California MTUS Guidelines for topical analgesics does recommend this course of treatment, but notes this is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions and no need to titrate. Any compounded product that contains at least 1 drug, or drug class, that is not recommended is not recommended. The Terocin patch comprises 4% lidocaine and 4% menthol. The use of lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy of an antidepressant or antiepileptic drug. The medication is not recommended for non-neuropathic pain. There is only 1 trial that tested lidocaine 4% for treatment of chronic muscle pain. The results show there was no superiority over placebo. The injured worker has not received a trial of first line therapy that included either an antidepressant or an antiepileptic drug. Further, Lidoderm has been utilized since 12/16/2013. The injured worker has shown no improvement in function or pain control during this time, rating her pain 9/10 on the pain scale. The frequency of the medication was not provided in the request as submitted. As such, the request is non-certified.

Topical Ketoprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111 and 112.

Decision rationale: The request for topical ketoprofen is non-certified. California MTUS Guidelines since the request is specifically for topical ketoprofen state it is not currently FDA approved for topical application. The provider's request for this new medication did not list the strength and application site. The request for topical ketoprofen as a topical NSAID for the relief of the injured worker's pain is not FDA approved. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is non-certified.

Point- Stimulation Therapy (P-Stim): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Auricular Electro-acupuncture.

Decision rationale: The request for point stimulation therapy (P-stim) is non-certified. The Official Disability Guidelines does not recommend auricular electro-acupuncture as the evidence is insufficient to evaluate the effect on acute and chronic pain. In the only published RCT, use of the P-Stim device was not associated with improved pain management. The provider is seeking alternatives to oral pain medications including topical creams and a P-Stim to alleviate side effects. However, the guidelines do not recommend the use of a P-Stim device. As such, the request is non-certified.