

<b>Case Number:</b>	CM15-0173219		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	12/14/2005
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old male who sustained an industrial injury on 12-14-05. Previous treatment includes physical therapy, occupational therapy, speech therapy, pool therapy, home exercises, and topical and oral medication. In a visit note dated 8-3-15, the physician reports since his last visit, he has been seen by his endocrinologist, pulmonologist and primary care physician and a kidney ultrasound was ordered and in the meantime he is to stop his anti-inflammatories. Medications noted are Diltiazem ER, Trazadone, Voltaren 1% Gel, Protonix, Naproxen, Amlodipine, Losarten-HCTZ, and Neurontin. Physical exam reveals he has a somewhat depressed affect but is much improved since the last visit. A PHQ-9 score is 6 out of 27 indicating no significant depressive symptoms. Straight leg raise is noted to cause low back pain on the left, there is tenderness to palpation over the left lateral knee joint and left knee swelling with increased temperature. The impression is noted as status post electrocution injury with second degree electrical burns of 10% surface area, encephalopathy, with continued mild residual cognitive deficits, prolonged respiratory failure, ARDS (acute respiratory distress syndrome), tracheostomy 1-06 with decannulation 2006, endocrine dysfunction, history of osteoarthritis knees and right shoulder, status post right rotator cuff repair 3-11-11, right knee pain with history of arthroscopy with open IT (iliotibial) band bursectomy 4-5-12 and EKG changes 8-2014. The plan is noted as labs are being followed, continue very sparing non-steroidal anti-inflammatory use, may use MSIR (Morphine) 30mg every 4-6 hours, sleep study, referral to another orthopedist, proceed with gym and pool membership for 24 hours, as he does not tolerate oral anti-inflammatories; he is dispensed Terocin Patches, indicated for neuropathic pain and he does have Terocin topical solution but cannot use most times because of the smell, follow up with physician,

and start physical therapy. The requested treatment of Terocin Patches and gym and pool membership was non-certified on 8-25-15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Terocin patches, unknown prescriptions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Based on the 7/22/15 progress report provided by the treating physician, this patient presents with worsening shoulder pain rated 6/10 on VAS scale, and continuing low back pain rated 4/10 on VAS scale. The treater has asked for Terocin patches, unknown prescriptions on 8/3/15. The patient's diagnoses per request for authorization dated 8/3/15 are shoulder pain and depression. The patient is unable to walk up hills/stairs per 7/22/15 report. The patient's right shoulder pain has been increasing the last several months per 7/22/15 report. The patient has a history of osteoarthritis of knees and right shoulder, and is s/p right rotator cuff tear repair from 3/11/11, and s/p right knee arthroscopy with open IT band bursectomy from 4/5/12 per 8/3/15 report. The patient has not been working in 5 years, and has reached MMI per 8/30/12 report. MTUS Guidelines, Topical Analgesics section, pg. 112 states: "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics." The patient is s/p electrocution injury and was in a coma for 3 months, with ongoing endocrine dysfunction including low testosterone due to adrenal insufficiency and pituitary abnormality. The patient has back pain and shoulder pain, with a history of osteoarthritis of the shoulder and knee with surgeries. The treater is requesting Terocin patches "as the patient does not tolerate oral anti-inflammatories" per 8/3/15 report. However, Terocin patches are indicated for localized peripheral neuropathic pain. In this case, there is no evidence of neuropathic pain to substantiate the request, as the guidelines do not recommend Terocin patches for musculoskeletal pain. The request is not in accordance with guideline recommendations and therefore, is not medically necessary.

**Gym & Pool Membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Gym Membership.

**Decision rationale:** Based on the 7/22/15 progress report provided by the treating physician, this patient presents with worsening shoulder pain rated 6/10 on VAS scale, and continuing low back pain rated 4/10 on VAS scale. The treater has asked for gym & pool membership on 8/3/15. The patient's diagnoses per request for authorization dated 8/3/15 are shoulder pain and depression. The patient is unable to walk up hills/stairs per 7/22/15 report. The patient's right shoulder pain has been increasing the last several months per 7/22/15 report. The patient has a history of osteoarthritis of knees and right shoulder, and is s/p right rotator cuff tear repair from 3/11/11, and s/p right knee arthroscopy with open IT band bursectomy from 4/5/12 per 8/3/15 report. The patient has not been working in 5 years, and has reached MMI per 8/30/12 report. MTUS Guidelines, Aquatic therapy section, page 22 states: "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Gym Membership states, "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." Per progress report dated 8/13/15, treater's reason for the request is "proceed with gym and pool membership for 24 hours." The patient has "done aquatic therapy in the past, has learned a home program he does not have access to a pool (except for outdoor pool in the summers) and would like to continue a home program" per 12/5/13 report. The patient does have back pain, shoulder pain, with a history of orthostatic hypotension and depression, with difficulty climbing hills/stairs per review of reports. However, there is no discussion as to why the patient cannot participate in traditional weight-bearing exercises, as "he can walk on level surfaces without difficulty" per 9/3/14 report. Furthermore, there are no plans for medical supervision at the pool. Utilization review letter dated 8/25/15 denies request due to lack of medical supervision. ODG does not support gym memberships unless there is a need for a special equipment such as a pool to perform necessary exercises and adequate supervision / monitoring is provided. In addition, the request does not specify a duration for the requested gym/pool membership, as the patient appears to have access to an outdoor pool. Therefore, the request is not medically necessary.