MAXIMUS Federal Services

Case Number:	CM15-0056014		
Date Assigned:	04/01/2015	Date of Injury:	06/01/1993
Decision Date:	05/04/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/24/2015

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:

This 58 year old man sustained an industrial injury on 6/1/1993. The mechanism of injury is not detailed. Diagnoses include lumbago, post-laminectomy syndrome of lumbar region, backache, and pain in joint of upper arm. Treatment has included oral and topical medications. Physician notes dated 2/27/2015 show continued complaints of low back pain and bilateral leg pain rated 6-7/10. Recommendations include restart Terocin patches, continue the current medication regimen otherwise, continue [redacted] gym membership, random toxicology screening, encourage home exercise program, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches Qty 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (topical); Capsaicin (topical); Salicylate Topicals Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine; topical analgesic Page(s): 56-57, 112, 60. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The request is for TEROCIN PATCHES #30. Per 02/27/15 progress report, the patient is taking Naproxen, Tramadol ER, Lisinopril, Paxil, Valium, Azithromycin and Tabranitidine. MRI of the lumbar shows only mild degenerative changes at L4-5 and L5-S1. Diagnoses are low back pain, lumbar spinal stenosis and cervical spondylosis without myelopathy. The patient remains off work. MTUS guidelines page 57 states, "topical lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient has tried Terocin patches in the past. The treater does not document how it is used, how often it is used and with what efficacy in terms of pain reduction and functional improvement except a general statement "it was beneficial." MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, the patient does not present with localized pain that is consistent with a neuropathic etiology." The request IS NOT medically necessary.

[redacted] membership for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back Chapter, GYM membership.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The request is for [redacted] MEMBERSHIP FOR 6 MONTHS. The patient remains off work. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines, under Low back Chapter, GYM membership, does not recommend it as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In this case, the treater requested '[redacted] membership because [the patient] cannot afford the conditioning program elsewhere." The treater does not explain what kind of conditioning program the patient needs; why exercise cannot be performed at home; what special equipment needs are medically necessary; how the patient is to be supervised. The request IS NOT medically necessary.