MAXIMUS Federal Services

Case Number:	CM15-0062515		
Date Assigned:	04/08/2015	Date of Injury:	01/10/2009
Decision Date:	05/13/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/02/2015

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, Pain Management

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(n) 56 year old female, who sustained an industrial injury on 1/10/09. She reported pain in her neck, left knee, right shoulder and right arm due to a fall. The injured worker was diagnosed as having right shoulder partial thickness tear, status post right shoulder arthroscopy rotator cuff repair, cervicobrachial syndrome and chronic myofascial pain syndrome. Treatment to date has included right shoulder injections x 3, an EMG study, a right shoulder MRI and pain medications. As of the PR2 dated 3/2/15, the injured worker reports pain in her neck, right shoulder and right knee. She rates her pain at best as 5/10 at worst 9/10 and currently 8/10. The treating physician noted positive impingement signs in the right shoulder and tenderness in the cervical paravertebral muscles and right knee. The treating physician requested aquatic therapy 2x weekly for 6 weeks for the cervical spine, right shoulder and right knee, pain management counseling 2x weekly for 3 weeks for chronic pain and Terocin patch 4% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times per week for 6 weeks for the cervical spine, right shoulder and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 99.

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. The medical records do not provide a comprehensive summary of the functional benefit of either land based or aquatic therapy. The physical medicine guidelines of the MTUS specified that future therapy is contingent on demonstration of functional benefit from prior therapy. Furthermore, the note dated 3/2/15 in which this request is made does not clarify why aquatic therapy is warranted. With regard to the shoulder, this is not considered a typical weight bearing joint, and aquatic therapy (although beneficial) does not meet CPMTG criteria for desirable of reduced weight bearing with respect to this joint. Therefore, this request is not medically necessary.

Pain Management Counseling 2 times per week for 3 weeks for chronic pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for psychological consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of functional improvement, there can be additional sessions warranted per the ODG. Within the documentation available for review, according to a progress note on March 2, 2015, the requesting provider request 6 sessions of pain psychology. However, there is no documentation of whether this type of counseling has been carried out in the past. Therefore, this request is not medically necessary.

Terocin Patch 4% 12 hours on, 12 hours off #30 no refills: Upheld

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

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

Decision rationale: Terocin Patch is a topical formulation consisting of Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding topical lidocaine, the MTUS states: "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." Given this, the lidocaine component of Terocin is not recommended, and this request is not medically necessary.