

Case Number:	CM15-0070827		
Date Assigned:	04/20/2015	Date of Injury:	09/15/2012
Decision Date:	05/20/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 44-year-old female patient, who sustained an industrial injury on September 15, 2012. The diagnoses have included rotator cuff injury, regional myofascial pain syndrome of the neck and shoulder girdle, lumbar disc disorder, low back pain and chronic pain syndrome. She sustained the injury due to cumulative trauma. Per the doctor's note dated 3/26/2015, she had complaints of upper back pain at 6/10. She also reported severe headaches for two weeks related to the back pain. Examination of the right shoulder revealed tenderness to palpation over the trapezius muscles, a tight muscle band with trigger points. The medications list includes diclofenac, tramadol-acetaminophen, cyclobenzaprine and lidocaine cream. She has had cervical MRI on 7/21/2014, which revealed degenerative changes at C4-5 with mild spinal canal stenosis; MRI lumbar spine dated 7/21/2014, which revealed multilevel degenerative changes. She has had six session of acupuncture. She had had physical therapy, chiropractic treatments, acupuncture treatments, a transcutaneous electrical nerve stimulation unit and trigger point injections. The treating physician's plan of care included a request for acupuncture visits for the low back and Terocin Patches dispensed March 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the low back, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture for the low back, twice weekly for four weeks 9792.24.1. Acupuncture Medical Treatment Guidelines. CA MTUS Acupuncture medical treatment guidelines cited below state that 'Acupuncture' is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical records provided do not specify any intolerance to pain medications that patient is taking currently. Plan for surgical intervention is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. In addition, per the cited guidelines "Time to produce functional improvement: 3 to 6 treatments. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f)." She has had six sessions of acupuncture. There is no evidence of significant ongoing objective progressive functional improvement from the previous acupuncture visits that is documented in the records provided. Acupuncture for the low back, twice weekly for four weeks is not medically necessary in this patient at this time.

Terocin patch, 4%, thirty count, provided on March 26, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 112.

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

Decision rationale: Terocin patch, 4%, thirty count, provided on March 26, 2015. Terocin patch contains Menthol and Lidocaine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." 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 antidepressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Patient is taking Neurontin. Failure of antidepressants and anticonvulsants is not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence to support the use of menthol in combination with other topical agents. Terocin patch, 4%, thirty count, provided on March 26, 2015 is not medically necessary for this patient.