

Case Number:	CM15-0071303		
Date Assigned:	04/21/2015	Date of Injury:	02/07/2013
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
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: 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 45 year old male who sustained an industrial injury on 02/07/2013. The injured worker was diagnosed with cervical intervertebral disc extrusion at C5-C6 and C7-C8, cervical spondylosis, cervical myofascial tension, right shoulder impingement, right upper extremity brachial plexopathy, chronic migraines, and depression, anxiety and sleep disturbance associated with chronic pain. The injured worker has a medical history of Factor V Leiden thrombophilia (non-industrial). Treatment to date includes diagnostic testing, multiple physical therapy sessions, transcutaneous electrical nerve stimulation (TEN's) unit, cervical epidural steroid injection (ESI), traction, massage and medications. According to the primary treating physician's progress report on February 24, 2015, the injured worker continues to experience chronic pain. Examination of the cervical spine demonstrated mild paresthesias in the right C8 dermatome with pressure placed at the right C7 region. Facet pain in the lower cervical spine was noted with rotation of the neck to right. There was tenderness of the thoracic spine at T1 to T8 with pressure provoking paresthesias to the right arm. Thoracic outlet syndrome tests were positive on the right. The right shoulder was tender to palpation with decreased range of motion, greater on the right side with mild positive impingement signs. The right medial and lateral epicondyles were tender to palpation with range of motion intact. Current medications are listed as Gabapentin, Adderall salts, Propranolol, Bupropion XL, Xartemis, Flexeril, Lidoderm Patches and Terocin. Treatment plan consists of advance to independent exercise program; continue medications as prescribed and the current request for trigger point injections to cervical fascial 3 sessions every 6-8 weeks and Terocin and Lidocaine Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches 4% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The Lidocaine patches 4% #60 is not medically necessary and appropriate.

Terocin (unspecified dose and qty): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswellia serrata and topical Lidocaine are specifically not recommended per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed multiple oral meds. The Terocin (unspecified dose and qty) is not medically necessary and appropriate.

3 sessions of trigger point injections to cervical fascial every 6-8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection, page 122.

Decision rationale: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs and diagnosis which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The 3 sessions of trigger point injections to cervical fascial every 6-8 weeks is not medically necessary and appropriate.