

Case Number:	CM15-0091532		
Date Assigned:	05/15/2015	Date of Injury:	09/23/2014
Decision Date:	06/17/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

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 44-year-old female, with a reported date of injury of 09/23/2014. The diagnoses include lumbar strain, lumbar disc disorder, lumbar radiculopathy, and low back pain. Treatments to date have included thirteen sessions of physical therapy; an MRI of the lumbar spine on 03/10/2015 which showed minimal disc bulging at L1-2, minimal to moderate at L4-5, and mild at L5-S1, and minimal to moderate neural foramina encroachment; ice; transcutaneous electrical nerve stimulation (TENS) unit; oral medications; and topical pain medication. The doctor's first report dated 04/20/2015 indicates that the injured worker complained of mild to moderate back pain and numbness that radiated to her bilateral legs. It was noted that the pain was better with medication, and made worse with increased activity. She was able to do some activities of daily living. The injured worker rated her pain 6 out of 10 at best, 10 out of 10 at worst, and current pain level 6 out of 10. The physical examination showed an antalgic, slow, and wide-based gait; restricted lumbar range of motion due to pain; tenderness to palpation of the paravertebral muscles with spasm, tight muscle band, and trigger point on both sides; positive bilateral lumbar facet loading; positive bilateral straight leg raise test; and abnormal sensations over the medial calf on both sides. The treating physician requested chiropractic treatment to the low back and Terocin patch 4% #30. It was noted that the purpose of the Terocin patch was to reduce pain without oral medication use and to improve function; and that the injured worker had neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic to Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved work/functional status from treatment already rendered by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains unchanged without functional restoration approach. The Chiropractic to Low Back is not medically necessary and appropriate.

Terocin Patch 4%, #30 Prescribed 04/20/2015: Upheld

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

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 Patch 4%, #30 Prescribed 04/20/2015 is not medically necessary and appropriate.

