

Case Number:	CM13-0009602		
Date Assigned:	09/23/2013	Date of Injury:	05/10/2003
Decision Date:	01/29/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male who reported an injury on 05/10/2003. The mechanism of injury was not provided. The patient was noted to have a lumbar epidural steroid injection (ESI) on 05/24/2013 at the left L4-5. Additionally, the patient was noted to have a lumbar ESI in 2011, per clinical documentation. The patient's diagnoses were noted to include lumbar spine strain, progressive neurological deficits, and degenerative disc disease with herniated nucleus pulposus L4-5 and L5-S1. The request was made for Terocin topical lotion 120ml, Zanaflex/Tizanidine 4mg, and repeat lumbar ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin topical lotion 120ml, twice per day #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105,111-112.

Decision rationale: Per the drugs.com website, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. Neither the California MTUS, the ACOEM nor the Official Disability Guidelines specifically address Terocin. However, the California

Chronic Pain Medical Treatment Guidelines address the components of Terocin. The guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments, such as Lidocaine/Lidoderm. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Clinical documentation submitted for review, in appeal to the denial, indicated that topical analgesics have been shown to be safe and effective and are non-systemic. However, clinical documentation submitted for review failed to provide that the patient had not responded or was intolerant to other treatments. Clinical documentation submitted for review failed to provide the efficacy of the medication or exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Terocin topical lotion is not medically necessary.

Zanaflex (Tizanidine) 4mg, 1 tab 3 times per day #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: The California Chronic Pain Medical Treatment guidelines recommend Tizanidine (Zanaflex®) as a non-sedating muscle relaxant with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide this was an acute exacerbation. As per the guidelines, this medication is used for short-term treatment of acute exacerbations in patients with chronic low back pain. Additionally, there is a lack of documentation indicating the necessity for 120 tablets. Given the above, the request for Zanaflex/tizanidine is not medically necessary.

Lumbar epidural steroid injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The California Chronic Pain Medical Treatment guidelines state that for a repeat ESI, there must be objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region, per year. The clinical documentation submitted for review dated 06/19/2013 revealed there was a request for a lumbar ESI. The patient's objective examination revealed sensory and power testing to the bilateral upper and

lower extremities were normal except for a mild weakness at bilateral L5-S1. The straight leg raise and bowstrings were noted to be positive bilaterally. The patient was noted to have a slightly antalgic gait. It was noted the patient had an MRI of the lumbar spine on 03/31/2010 and 04/07/2011 with the latter examination revealing a DSN/collapse L5-S1 with central herniated nucleus pulposus. However, clinical documentation submitted for review failed to provide the laterality of the request. Additionally, it failed to provide documentation of 50% pain relief with associated reduction of medication use for 6 to 8 weeks post-injection of 05/2013. Given the above lack of documentation and lack of exceptional factors, the request for a repeat lumbar ESI with a lack of laterality as well as level is not medically necessary.