

<b>Case Number:</b>	CM13-0010792		
<b>Date Assigned:</b>	09/20/2013	<b>Date of Injury:</b>	02/11/2010
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Internal Medicine and Cardiology, was fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas. 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 59-year-old female who reported an injury on 2/11/10. She is currently diagnosed with cervical radiculopathy, dizziness, vertigo, cervical spondylosis, and fibromyalgia and myositis. The patient was recently seen by [REDACTED] on 8/28/13; she complained of neck and shoulder pain. Physical examination revealed palpable twitch positive trigger points noted in the muscles of the head and neck, left trapezius, painful range of motion, and negative Patrick's and Gaenslen's testing. Treatment recommendations included continuation of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **cervical epidural steroid injection (CESI) under fluoroscopy C4-5: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehabilitative efforts. Radiculopathy must be documented by physical examination and

corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. As per the clinical notes submitted, there is no documentation of radiculopathy upon physical examination. There is also no evidence of a failure to respond to previous conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. The patient's MRI of the cervical spine dated 2/27/13 indicated anterior fusion at C4-5 without evidence of neural foraminal narrowing or canal stenosis. The patient also underwent electrodiagnostic testing on 4/18/13, which revealed normal findings. Based upon the clinical information received and the California MTUS Guidelines, the request is non-certified.

**Dendracin lotion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Dendracin contains methyl salicylate, benzocaine, and menthol. Guidelines further state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. As per the clinical notes submitted, there is no evidence of a failure to respond to previous first line treatment prior to the initiation of a topical analgesic. Medical necessity has not been established. As such, the request is non-certified.