

<b>Case Number:</b>	CM13-0026009		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/06/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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/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 injured worker is a 36-year-old female with a reported date of injury on 04/06/2010. The injury reportedly occurred while the worker was performing duties as a corrections officer. The injured worker presented with neck and arm pain, rated at 8/10. The MRI dated 02/20/2013 revealed straightening of cervical lordosis without spondylolisthesis or compression deformity and without canal stenosis or neural foraminal narrowing at any level. According to the clinical note dated 04/20/2013, the physician indicated the injured worker previously underwent 6 epidural injections, 10 chiropractic treatments, and 24 physical therapy visits which provided pain relief. The injured worker stated that she is capable of performing her job duties with the exception of migraine headaches, which make it difficult to perform job duties. Upon physical examination, the injured worker's cervical spine range of motion revealed flexion to 24 degrees, extension to 33 degrees, right lateral bend to 28 degrees, left lateral bend to 37 degrees, right rotation to 7 degrees, and left rotation to 5 degrees. The physician indicated that sensation was diminished to light touch and pinprick in the C6, C7, and C8 dermatomes. In addition, the injured worker presented with a negative Spurling's test bilaterally. The injured worker underwent a cervical medial branch block on 07/11/2013, the documentation indicated that she had relief after her injection and decreased oral medication intake. According to the clinical documentation, the injured worker's pain was rated at 8/10 before the injection, and after the injection the pain was rated at 4/10. The clinical documentation indicated the injured worker was participating in a home-based exercise program. The injured worker's diagnoses included degenerative disc disease of the cervical spine and right wrist arthralgia. The injured worker's medication regimen included Norco, Gabapentin, Topamax, senna, and topical Terocin cream. The request for authorization for cervical medial branch blocks at left C4-5 and C5-6, topiramate

50 mg #60, Terocin lotion 4 oz #1, and hydrocodone 10/325 mg #135 was submitted on 09/16/2013. The physician indicated that, in regards to the medication, she was doing well with her current medication regimen, which decreased her pain and normalized function.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cervical medial branch blocks at left c4-5, c5-6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet Joint Diagnostic Blocks.

**Decision rationale:** The Official Disability Guidelines do not recommend facet joint therapeutic steroid injections. While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway, would include no evidence of radicular pain, spinal stenosis, or previous fusion. If successful, initial pain relief of 70% plus pain relief of at least 50% for duration of at least 6 weeks, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). When performing therapeutic blocks, no more than 2 levels may be indicated at any 1 time. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. There should be evidence of a formal planned rehabilitation in addition to facet joint injection therapy. In addition, no more than 1 therapeutic intra-articular block is recommended. According to the clinical note dated 04/20/2013, the injured worker had undergone 6 epidural injections up to that point. There is not enough documentation related to the increased functional benefits and initial pain relief of 70%, plus pain relief of at least 50% for duration of at least 6 weeks. According to the clinical note dated 07/23/2013, the injured worker underwent a cervical medial branch block on 07/11/2013, there is not enough documentation related to the decreased pain by 50% for 6 weeks. In addition, there is not enough documentation related to the improved functional ability to include range of motion values. In addition, the clinical information provided for review indicates the injured worker has decreased sensation with light touch and pinprick. The guidelines state that there should be no evidence of radicular pain. In addition, no more than one therapeutic intra-articular block is recommended. Furthermore, the guidelines do not recommend facet joint therapeutic steroid injections. Therefore, the request for cervical medial branch blocks at left C4-5 and C5-6 are not medically necessary.

**Topiramate 50mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

**Decision rationale:** The California MTUS Guidelines recommend anti-epilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few random controlled trials directed at central pain and none for pain for radiculopathy. According to the guidelines, a good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. After initiation of treatment, there should be documentation of pain relief and improvement in function, as well as documentation of side effects that occurred with use. The clinical information provided for review indicates the injured worker has been utilizing Topamax prior to 07/23/2013. There is not enough of documentation related to the 50% or 30% reduction in pain. There is a not enough documentation related to the therapeutic and functional benefit to the ongoing use of topiramate. In addition, the request as submitted to provide a frequency and directions for use. Therefore, the request for topiramate 50 mg #60 is not medically necessary.

**Terocin lotion 4 oz, #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

**Decision rationale:** Terocin contains menthol and Lidocaine. The California MTUS Guidelines recommend topical analgesics as an option. Although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. The FDA for neuropathic pain has designated topical lidocaine in the formulation of a dermal patch called Lidoderm for orphan status. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. According to the clinical documentation provided for review, the injured worker has utilized Terocin lotion prior to 07/23/2013. There is a not enough documentation related to the increased functional ability and therapeutic effect in the ongoing use of Terocin. In addition, the guidelines do not recommend lidocaine in any form other than Lidoderm patches. The request as submitted did provide a frequency and specific location at which to be utilized. Therefore, the request for Terocin lotion 4 oz #1 is not medically necessary.

**Hydrocodone 10/325mg, #135:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the clinical documentation provided for review, the injured worker has utilized hydrocodone prior to 07/23/2013. There is not enough documentation related to the therapeutic and functional benefit in the ongoing use of hydrocodone. The clinical information, does not have enough documentation related to pain relief, increased function status, appropriate medication use and side effects. In addition, the request as submitted failed to provided frequency and directions for use. Therefore, the request for hydrocodone 10/325 mg #135 is not medically necessary.