

<b>Case Number:</b>	CM13-0028253		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/22/2010
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of June 22, 2010. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; short-acting opioids; prior right shoulder surgery; and topical compounds. In a Utilization Review Report of September 11, 2013, the claims administrator denied request for a topical compound and an epidural steroid injection. Percocet and gabapentin, conversely, were approved. The epidural steroid injection was apparently denied on the grounds that there was no evidence of radiculopathy for which said injection would be indicated. On February 3, 2014, the applicant was given an 11% low back impairment rating, 6% cervical spine impairment rating, and 6% shoulder impairment rating. Permanent work restrictions were imposed. It was acknowledged that the applicant was not working. On January 9, 2014, the applicant was described as using Percocet, gabapentin, and Lidoderm for pain relief. Also reviewed is a July 16, 2013 MRI report in which the applicant is described as having moderate-to-severe neuroforaminal narrowing at the L5-S1 level. A July 2, 2013 progress note is notable for comments that the applicant is not working but is looking for work elsewhere. The applicant reports low back pain, knee pain, chest wall pain, and burning about the arms for which the applicant is using gabapentin. The applicant is given diagnoses of low back pain, shoulder pain, and chest wall pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DERMA TRAN TOPICAL 10% KETAMINE, 1% BUPIVACAINE, DICLOFENAC 3%, DOXEPIN 3%, GABAPENTIN 6%, AND ORPHENADRINE 5%: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINE, , 111,113

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines does not recommend Gabapentin or Ketamine for topical compound formulation purposes. The unfavorable recommendations on Gabapentin and Doxepin result in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, several ingredients in the compound in question are not recommended for topical compound formulation purposes. The request for Tran Topical 10% Ketamine, 1% Bupivacaine, Diclofenac 3%, Doxepin 3%, Gabapentin 6%, and Orphenadrine 5% are not medically necessary and appropriate.

**TRANSFORAMINAL EPIDURAL STEROID INJECTION FOR L5-S1: Overturned**

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographic or and/or electrodiagnostically confirmed. In this case, the applicant does have clinically evident and radiographically confirmed radiculopathy with evidence of severe neuroforaminal stenosis at the L5-S1 level. That radiographic finding likely corroborates the applicant's complaints of low back pain radiating to the bilateral legs noted on January 9, 2014. The applicant had other signs of radiculopathy noted on the same day, including 5-/5 strength, an antalgic gait, and numbness about the leg in question. Thus, by all counts, the applicant had a clinically evident, objectively confirmed, and radiographically corroborated lumbar radiculopathy for which a first-time epidural steroid injection was indicated, appropriate, and supported by page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for a transforaminal epidural steroid injection for L5-S1 is medically necessary and appropriate.