

<b>Case Number:</b>	CM13-0051468		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/13/2003
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury 4/13/03. A utilization review determination dated November 5, 2013 recommends non-certification of Terocin pain patches #1, Cyclobenzaprine 7.5mg #30, Omeprazole 20mg #60, modification of Hydrocodone/APAP 10/325mg #60, and non-certification of 1 TEFSI injection on the left at L4, L5, and S1 nerve roots. The previous reviewing physician recommended non-certification of Terocin pain patches #1 due to Terocin containing medications that are not recommended, non-certification of Cyclobenzaprine 7.5mg #30 due to the patient having utilized muscle relaxants chronically against guideline recommendations and the patient demonstrating chronic pain complaints without an acute exacerbation, non-certification of Omeprazole 20mg #60 due to lack of documentation of an increased risk or any gastrointestinal complaints/diagnoses on the current report, modification of Hydrocodone/APAP 10/325mg #60 due to suggested weaning and non-certification of 1 TEFSI injection on the left at L4, L5, and S1 nerve roots due to other methods of conservative treatment having been helpful. A PR-2 dated October 16, 2013 identifies subjective complaints of radiation of pain, numbness and burning sensation down her left leg into her foot. She notes that in the past ESIs in her low back have been helpful in the past for 4-8 months of relief. She has ongoing follow-ups with [REDACTED] for spine complaints as well as [REDACTED] for general orthopedic complaints, and [REDACTED] for her GI symptoms. She states that medications help decrease her pain and allow her to function around the house. The objective findings include range of motion of the lumbar spine is decreased in all planes. Decreased sensation to the left L4, L5 and left S1 dermatomes. Motor exam is 5-/5 for the left tibialis anterior and EHL. The diagnoses include left lumbar radiculopathy, left foot and ankle pain status post surgical intervention by [REDACTED], electrodiagnostic carpal tunnel syndrome, HNP L-spine, s/p left CTR on 10/1/12. The treatment plan includes TFESI on the left L4, L5 and S1 nerve roots is requested for therapeutic purposes.

She was provided with medication. Risks, alternatives, and side effects of the medications were discussed.

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

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

#### **Terocin pain patch #1: Upheld**

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

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

**Decision rationale:** Regarding the request for Terocin pain patches #1, Terocin is a combination Of Methyl Salicylate, Menthol, Lidocaine and Capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of Capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical Lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, the patient is noted to be taking an oral NSAID. There is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. While there is documentation of localized peripheral pain, there is no evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical Lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of Capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin pain patches #1 is not medically necessary.

#### **Cyclobenzaprine 7.5mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63-66.

**Decision rationale:** Regarding the request for Cyclobenzaprine 7.5mg #30, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain.

Guidelines go on to state that muscle relaxants are recommended for a short course of therapy. Within the documentation available for review, there is no documentation of an acute exacerbation of pain. However, there is no documentation of an acute exacerbation of pain. There is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine 7.5mg #30 is not medically necessary

**Omeprazole 20mg #60: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs).

**Decision rationale:** Regarding the request for Omeprazole 20mg #60, Occupational Medicine Practice Guidelines do not address the issue. ODG states Proton Pump Inhibitors are recommended for patients at risk for gastrointestinal events. Within the medical information made available for review, there is mention of GI symptoms. However, there is no clarification as to what these GI symptoms are and if the patient is currently suffering from these symptoms. In the absence of such documentation, the currently requested Omeprazole 20mg #60 is not medically necessary.

**Hydrocodone/APAP 10/325mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 76-79.

**Decision rationale:** Regarding the request for Hydrocodone/APAP 10/325mg #60, Qty: 120, California Pain Medical Treatment Guidelines state that Hydrocodone/APAP is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation that medications help decrease her pain and allow her to function around the house and a discussion regarding side effects and aberrant use. As such, the currently requested Hydrocodone/APAP 10/325mg #60, Qty: 120 is medically necessary.

**TEFSI injection on the left at L4, L5 and S1 nerve root: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Section Page(s): 46.

**Decision rationale:** Regarding the request for one TEFSI injection on the left L4, L5 and S1, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is documentation that in the past ESIs in her low back have been helpful for 4-8 months of relief. However, evidence based guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. There is no quantification of the amount of pain relief that was obtained with the previous injection or the duration of pain relief. In addition, there is no documentation of continued objective documented pain and functional improvement after the previous injection. In the absence of such documentation, the currently requested one TEFSI injection on the left L4, L5 and S1 is not medically necessary.