

<b>Case Number:</b>	CM13-0052297		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for neck pain, upper back pain, low back pain, shoulder pain, upper extremity pain, and ulnar neuropathy reportedly associated with an industrial injury of October 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; initial casting of a radial fracture; thumb tendon transfer surgery in March 2013; one prior epidural steroid injection, per the claims administrator; extensive periods of time off of work; and electrodiagnostic testing of the upper extremities, notable for left ulnar neuropathy and left carpal tunnel syndrome. In a utilization review report of November 6, 2013, the claims administrator denied a request for a lumbar epidural steroid injection, stating that there is no evidence of functional improvement with a prior epidural steroid injection. Norco was approved. Terocin was denied. The applicant's attorney later appealed. A later note of December 17, 2013 is notable for comments that the applicant has ongoing neck, low back, left shoulder, and elbow pain. The applicant has a pending QME evaluation. The applicant reports 6/10 pain with medications and 8/10 pain without medications. 5/5 lower extremity strength is noted. The applicant is presently on Norco, Flexeril, Cymbalta, Elavil, metformin, and glipizide. His case has apparently been complicated by comorbid diabetes. The dose of Cymbalta is increased. A repeat epidural injection is sought while the applicant remains off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interlaminar Epidural Steroid Injection(ESI): Upheld**

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

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for pursuit of repeat epidural blocks is evidence of functional improvement with prior blocks. In this case, however, it does not appear that the applicant has achieved the requisite functional improvement and/or analgesia through the prior epidural block. The applicant's failure to return to any form of work and continued reliance on numerous medications, including Cymbalta, Elavil, Norco, etc., taken together, implies a lack of functional improvement as defined in MTUS 9792.20(f) despite having completed a prior epidural steroid injection. Therefore, the request for a repeat block is not certified.

**Terocin Lotion: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, the applicant is using numerous first-line oral pharmaceuticals, effectively obviating the need for largely experimental agents such as Terocin. Accordingly, the request is likewise not certified, on independent medical review.