

<b>Case Number:</b>	CM14-0002760		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	06/05/2002
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Orthopedic Surgery 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 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 patient is a 73 year old male injured on 06/02/02 when he fell landing on his back and right side developing severe low back pain. The patient initially underwent extensive and multiple trials of conservative treatment which included physical therapy as well as acupuncture treatment. The patient underwent lumbar fusion at L4-5 in June of 2009 with 75% improvement of overall condition for several years. The clinical note dated 10/28/13 indicates the patient had a recent recurrence of low back pain with shooting sensation down his right leg. The patient rated his pain at 6-7/10 with constant numbness, tingling, and weakness at his right foot. Physical examination revealed moderate tenderness over the lumbar paraspinal muscle and over bilateral gluteus, tenderness over lumbar facet joints from L1 to S1, decreased lumbar range of motion, manual muscle testing shows 5/5 bilaterally, no sensory deficits to light touch, straight leg raise is positive on the right, and distal pulses are present. The patient was taking Diclofenac and Lisinopril for pain management. The patient underwent epidural steroid injection at L2-3 on 10/29/13. The clinical note dated 11/14/13 indicated the patient received good relief of leg pain. The objective findings included tender, decreased range of motion of the lumbar spine, decreased sensation at L5 through S1 dermatomes. The patient was provided prescriptions for Flexeril, Protonix, Voltaren XR, and Terocin. 2nd lumbar epidural injection and Terocin lotion 120 milliliters has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2ND LUMBAR EPIDURAL INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Page(s): 46.

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

**Decision rationale:** As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must also be evidence that the patient must have been unresponsive to conservative treatment to include exercises, physical methods, NSAIDs and muscle relaxants. 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. The patient underwent epidural steroid injection at L2-3 on 10/29/13. The clinical note dated 11/14/13 indicated the patient received good relief of leg pain. The documentation failed to provide quantitative measure of pain relief following the initial injection. Additionally, the level at which the injection should occur is not specified. As such, the request for 2nd lumbar epidural steroid injection cannot be recommended as medically necessary.

**TEROCIN LOTION 120 MILLILITERS (ML):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals and Topical Analgesics, Page(s): 105, 112.

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

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.