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| <b>Case Number:</b>   | CM14-0008544 |                              |            |
| <b>Date Assigned:</b> | 02/12/2014   | <b>Date of Injury:</b>       | 08/04/2010 |
| <b>Decision Date:</b> | 07/14/2014   | <b>UR Denial Date:</b>       | 01/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/21/2014 |

### 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 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 patient is a 46-year-old female who has filed a claim for lumbar degenerative disc disease associated with an industrial injury date of August 04, 2010. Review of the progress notes indicates improvement of low back pain and ability to walk. The patient reports pinching feeling in the left buttock, intermittent numbness and tingling in the left leg, and poor sleep due to pain. Findings include left lumbar paraspinal tenderness, positive Patrick's sign on the left, decreased patellar and Achilles reflexes, and diffusely altered sensation of the left leg. Treatment to date has included Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), Opioids, Gabapentin, Terocin ointment, aquatic therapy, sacroiliac joint belt, epidural steroid injections, and left sacroiliac joint injection in September 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT SACROILIAC JOINT INJECTION UNDER FLOUROSCOPIC GUIDANCE,:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM LBP Update, page 185 and Sacroiliac Joint Interventions: A Systematic Review, Pain Physician, pages 165-184.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis chapter, Sacroiliac joint blocks.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) does not address this topic. Per the strength of evidence hierarchy established by the California Department of Industrial Relations (DIR), Division of Workers' Compensation (DWC), and The ODG was used instead. The ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction and failure of at least 4-6 weeks of aggressive conservative therapy. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least 70% pain relief. The frequency or repeated blocks is two months or longer between each injection. In this case, the patient reports only 45-50% improvement, with increased ability to walk from the previous injection in September 2013. The derived benefit from the previous injection did not meet the criteria for a repeat injection. Therefore, the request for left sacroiliac joint injection under fluoroscopic guidance was not medically necessary.

**NAPROXEN 550MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

**Decision rationale:** As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. The patient has been on this medication since at least July 2013. There is no documentation regarding significant symptomatic improvement or objective functional benefits derived from this medication. In addition, this medication is not for long-term use for management of low back pain. Therefore, the request for naproxen 550 mg #60 was not medically necessary.

**OMEPRAZOLE 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors for patients who are over 65 include and that have a history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose

or multiple NSAID use. The use of Proton Pump Inhibitors (PPI) for greater than 1 year has been shown to increase the risk of hip fracture. The patient has been on this medication since July 2013. There is no documentation regarding the above mentioned risk factors in this patient. Therefore, the request for Omeprazole 20mg #60 was not medically necessary.

**TEROCIN OINTMENT 120ML 4OZ:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105 and 111-113. Decision based on Non-MTUS Citation drugs.com website.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin ; Topical Salicylate ; and Topical Analgesics Page(s): 28; 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

**Decision rationale:** A Terocin ointment contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. The California MTUS Chronic Pain Medical Treatment Guidelines on page 111 states that any compounded product that contains at least one drug (or drug class) that is not recommended. Regarding the Capsaicin component, The CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, The CA MTUS Chronic Pain Medical Treatment Guidelines on page 112 states that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, The ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical over the counter pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, The CA MTUS states on page 105 that salicylate topical's are significantly better than placebo in chronic pain. The lidocaine component of this preparation is not recommended for application in an ointment or cream formulation. Therefore, the request for Terocin ointment 120ml 4oz was not medically necessary.