

<b>Case Number:</b>	CM14-0122905		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/09/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 52-year-old female who reported an injury on 01/09/2012. The mechanism of injury was not provided. On 07/11/2014, the injured worker presented with pain in the neck. Prior treatment included acupuncture, chiropractic care, and 4 surgeries along with a transforaminal ESI in the bilateral L5 nerve roots. Upon examination, there was decreased range of motion through all planes in the cervical, thoracic, and lumbar spine. There was antalgic gait and decreased sensation to the right C5-8 dermatomes. There was decreased sensation to the left L3-5 and S1 dermatomes. Diagnostic studies included an EMG/NCS dated 10/07/2013 that revealed abnormal study. There was evidence of L5-S1 radiculopathy. The diagnoses were cervical HNP with moderate to severe neural foraminal narrowing at C2-3 and severe neural foraminal from C5-6. There was lumbar HNP with moderate to severe bilateral neural foraminal narrowing at L5-S1 and cervical and lumbar radiculopathy. The provider recommended Terocin, hydrocodone, and bilateral L5 transforaminal epidural steroid injection; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin:** Upheld

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

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

**Decision rationale:** The request for Terocin compound cream x 2 is not medically necessary. Terocin cream is comprised of methyl salicylate, capsaicin, menthol, and Lidocaine. California MTUS Guidelines state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contain at least 1 drug that is not recommended, is not recommended. The guidelines state that capsaicin is recommended only as an option if injured workers who have not responded or are intolerant to other treatments. The guidelines state that the Lidoderm is the only topical form of Lidocaine approved. The included medical documents do not indicate that the injured worker has not responded to or are intolerant to other treatments. The guidelines do not recommend topical Lidocaine in any other form other than Lidoderm. As such, medical necessity has not been established.

**Hydrocodone/APAP 5/325 Mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78..

**Decision rationale:** The request for Hydrocodone/APAP 5/325 Mg #120 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

**Bilateral L5 Transforaminal Epidural Steroid Injection:** Upheld

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

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

**Decision rationale:** The request for Bilateral L5 Transforaminal Epidural Steroid Injection is not medically necessary. According to California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is

radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance and no more than 2 root levels should be injected using transforaminal blocks. The documentation submitted for review revealed that the injured worker had a prior epidural steroid injection at the L5 level. The documentation recommends that a repeat injection would be warranted if the injured worker had a 50% reduction in pain associated with the 50% reduction in medication. There is lack of documentation of good relief from the prior epidural steroid injection. As such, medical necessity has not been established.