

<b>Case Number:</b>	CM14-0137704		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/09/2000
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Family 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 injured worker is a 43-year old female injured on 05/09/00 due to an undisclosed mechanism of injury. Diagnoses include right L5 and S1 radiculopathy, status post L5-S1 fusion on 11/05/03, chronic low back complaints, and retained hardware of lumbar spine, neck pain, right shoulder bursitis, right shoulder impingement, and soft tissue lesion of the right shoulder. The clinical note dated 08/05/14 indicated the injured worker presented complaining of ongoing low back, right shoulder, and right hip pain following transforaminal epidural steroid injection at L5-S1 nerve roots. The injured worker reported injection did not provide pain relief. The documentation also indicated the injured worker reported right hip pain increased following injection in the right hip on 06/19/14. The injured worker reported pain relief following injection to the right shoulder on 06/19/14; however, reported an increase in chills and night sweats following injection. The injured worker reported aching and burning in the low back with radiation of numbness and tingling to the bilateral lower extremities extending to the feet, right greater than left. The injured worker rated the low back pain at 8/10. Medication management included Hydrocodone TID, Elavil QHS, and LidoPro QD. The injured worker reported medication regimen decreased pain and improved daily activities such as sweeping. Physical examination revealed the injured worker wearing a lumbar corset, tenderness to palpation to the lumbar paraspinals, decreased range of motion in the lumbar spine in all planes, increased pain with lumbar extension, tenderness to palpation in the right SI joint, decreased sensation throughout the right lower extremity in the L5 and S1 distribution, positive straight leg raise on the right at 60 degrees. The clinical documentation indicated the injured worker underwent bilateral medial branch block at L3-4 and L4-5 on 05/08/14 which provided 20% temporary pain relief for approximately 2 hours. The injured worker also underwent 11 sessions of chiropractic physical rehabilitative therapy to the neck and back and 3 sessions of acupuncture therapy with

no relief. The documentation indicated the injured worker underwent right lumbar transforaminal epidural steroid injection on 07/29/14. The documentation indicated MRI of the lumbar spine performed on 05/26/13 revealed transitional anatomy of the posterior changes labeled at L5-S1 without evidence for canal stenosis or neuroforaminal narrowing at any level with facet arthropathy at L3-4 and L4-5. There were no official radiology reports provided for review. The initial request was non-certified on 08/11/14.

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

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

#### **1 lumbar transforaminal epidural steroid injection on the right L5 and S1 nerve roots:**

Upheld

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

**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 corroborated by imaging studies and/or Electrodiagnostic testing. MRI of the lumbar spine performed on 05/26/13 revealed transitional anatomy of the posterior changes labeled at L5-S1 without evidence for canal stenosis or neuroforaminal narrowing at any level with facet arthropathy at L3-4 and L4-5. There were no official imaging reports submitted for review. As such, the request for 1 lumbar transforaminal epidural steroid injection on the right L5 and S1 nerve roots is not medically necessary.

#### **Lidopro tropical ointment 4oz:** Upheld

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

**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. This compound is noted to contain capsaicin, lidocaine, menthol, and methyl salicylate. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Lidopro tropical ointment 4oz is not medically necessary.

