

<b>Case Number:</b>	CM14-0159905		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 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 43 year old female with a date of injury on 8/31/2011. According to a note by her treating provider on Sept 24, 2014, she has low back pain with radiating extremity radicular pain and is taking Norco, Neurontin, MaxFreeze and amitriptyline. She had a lumbar epidural steroid injection (LESI) on April 25, 2014 that flared up her symptoms for 5 days, and then alleviated her right lower extremity symptoms more than 60%. There is no documentation of how long the pain relief lasted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient repeat interlaminar L4-L5 epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** The purpose of an epidural steroid injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injections (ESIs) are recommended as an option for

treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Per the Medical Treatment Utilization Schedule (MTUS), the criteria for the use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, 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. This worker has complaints of low back pain with radiation to the lower extremities. Although a note indicates she received 60% pain relief after 5 days of a post-injection flare-up, there is no documentation of how long the pain relief lasted. 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. Therefore the request is not medically necessary.

**Retrospective Max Freeze, One tube DOS 07/30/2014:** Upheld

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

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

**Decision rationale:** Regarding topical analgesics, the Medical Treatment Utilization Schedule (MTUS) indicates that topical analgesics are recommended as an option. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including non-steroidal anti-inflammatory drugs [NSAIDs], opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists,  $\alpha$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The active ingredient in Max Freeze is menthol 3.7%, which is not addressed in Medical Treatment Utilization Schedule (MTUS). Therefore the request is not medically necessary.

