

Case Number:	CM14-0175482		
Date Assigned:	10/28/2014	Date of Injury:	05/13/2010
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/23/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with industrial injury of May 3, 2010. Thus far, the applicant has been treated with following: Analgesic medications; adjuvant medications; earlier cervical spine surgery; unspecified amounts of physical therapy; epidural steroid injection therapy; and unspecified amounts of aquatic therapy over the course of the claim. In a Utilization Review Report dated October 7, 2014, the claims administrator failed to approve request for topical Terocin patches and an epidural steroid injection. The applicant's attorney subsequently appealed. In an August 11, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain, at times severe. Multiple spasms were also evident. The applicant had had several prior epidural steroid injections, the attending provider acknowledged, in the low back pain region, including one set two months prior. The applicant's last set of epidurals had only generated fleeting relief, on the order of one week. The applicant was described as "currently disabled." The attending provider stated that review of the applicant's MRI of June 11, 2014 failed to uncover a clear source for the applicant's ongoing radicular complaints. In a progress note dated November 6, 2013, the applicant again presented reporting multifocal pain complaints. The applicant was reportedly using naproxen, Prilosec, and Gaviscon, it was noted at that point in time. In a July 9, 2013 progress note, the applicant was given prescriptions for several topical compounds, including Terocin, a flurbiprofen-naproxen containing cream, gabapentin-cyclobenzaprine-tramadol cream, and various other dietary supplements. In a February 24, 2014 progress note, the applicant was reportedly using lidocaine patches, Robaxin, and omeprazole, it was incidentally noted

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patch #20: 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 topic Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including naproxen, Robaxin, etc., effectively obviates the need for the topical Terocin compound at issue, it is further noted. Therefore, the request is not medically necessary

One lumbar epidural steroid injection at L4-5, L5-S1 (3rd 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 topic Page(s): 46.

Decision rationale: The request in question represents a repeat epidural steroid injection request. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier injections. In this case, the applicant has had several prior epidural steroid injections over the course of the claim, the attending provider has acknowledged. The applicant has failed to demonstrate any lasting benefit or functional improvement with the same. The applicant remains off of work, on total temporary disability. The applicant remains highly dependent and highly reliant on a variety of analgesic, adjuvant, and topical medications. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite multiple prior epidural steroid injections over the course of the claim. Therefore, the request is not medically necessary