

Case Number:	CM14-0030707		
Date Assigned:	06/20/2014	Date of Injury:	07/06/2009
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/11/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 54 year old male with date of injury 7/6/2009. The mechanism of injury is not stated in the available medical records. The patient has complained of lower back pain and lower extremity pain since the date of injury. He has been treated with epidural corticosteroid injections, physical therapy and medications. MRI of the lumbar spine performed 3/2011 revealed mild degenerative disc disease of the lumbar spine. Objective: tenderness at L5-S1 with palpation, decreased sensation in an L5 dermatome distribution, tenderness at the bilateral sciatic notches. Diagnoses: lumbar spine disc disease, lumbar spine degenerative joint disease. Treatment plan and request: Oxycodone/APAP, Terocin lotion, Bilateral L5-S1 transforaminal corticosteroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 120 ml: 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: This 54 year old male has complained of lower back pain and lower extremity pain since date of injury 7/6/09. He has been treated with epidural corticosteroid injections, physical therapy and medications. The current request is for Terocin lotion. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Terocin lotion is not indicated as medically necessary in this patient.

Bilateral L5, Bilateral S1 Transforaminal epidural steroid injection with fluoroscopic guidance and conscious sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 309.

Decision rationale: This 54 year old male has complained of lower back pain and lower extremity pain since date of injury 7/6/09. He has been treated with epidural corticosteroid injections, physical therapy and medications. The current request is for bilateral L5-S1 transforaminal corticosteroid injections with fluoroscopic guidance and conscious sedation. Per the MTUS guideline cited above, invasive techniques in the treatment of back pain, to include local injections and transforaminal injections of cortisone, lidocaine or both medications have no proven benefit in the treatment of spine pain and offer no significant long term functional benefit. On the basis of this MTUS guideline, bilateral L5-S1 transforaminal epidural steroid injection with fluoroscopic guidance and conscious sedation is not indicated as medically necessary.