

<b>Case Number:</b>	CM14-0056947		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/24/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 58-year-old female who reported an injury on 05/24/2010. The mechanism of injury was not provided. Prior therapies were noted to include physical therapy, 24 visits of chiropractic treatment, 24 visits of acupuncture, and 12 visits of physical therapy along with medications. The injured worker was noted to be utilizing a lumbar corset. The documentation of 02/19/2013 revealed a continued request for an epidural steroid injection. The documentation of 03/07/2014 revealed the injured worker's pain had decreased and she was feeling better due to an increase in walking and meditation. The injured worker was noted to be taking tramadol ER 150 mg 1 tablet a day, Pamelor 25 mg 1 time a day, Prilosec 20 mg and Terocin patches. The injured worker indicated the medications helped decrease her pain by about 50% temporarily and allowed her to increase her walking distance by about 30 minutes. The injured worker denied side effects although she reported occasional nausea with medications. The injured worker had current complaints of low back pain with radiation of pain down to the left leg and foot. The injured worker had neck pain with intermittent numbness down both arms, right worse than left. The pain was rated a 3/10 to 4/10. The documentation indicated the injured worker had an MRI of the lumbar spine on 02/17/2013 which revealed degenerative disc disease with facet arthropathy and grade 1 anterolisthesis L3-4 and L4-5. There was noted to be neural foraminal narrowing including L4-5 mild to moderate bilateral and L5-S1 mild right neural foraminal narrowing. The diagnosis included lumbar radiculopathy. The treatment plan included physical therapy, and a continuation to request a lumbar epidural steroid injection at bilateral L4 and L5 nerve roots. The documentation indicated the injured worker was prescribed tramadol ER #60, Pamelor 25 mg #120, Prilosec 20 mg #120, and Terocin patches 1 box. There was no detailed Request for Authorization submitted for the request or a physician note requesting the service.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI, bilateral L4, L5 roots:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar ESI Page(s): 46.

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy upon physical examination that are corroborated by EMG/NCV studies or MRIs. There should be documentation of a failure of conservative treatment including physical medicine, NSAIDs and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had a prior MRI. However, the official MRI read was not provided for review to support the necessity for the epidural steroid injection through confirmation of radiculopathy. The original request was not provided for review. There was documentation the injured worker had decreased sensation on the left at L4-L5 dermatomes and the left TA, EHL, INV, and EV were 4+/5 strength. There was a lack of documentation of objective findings on the right side including decreased dermatomes and myotomes. It was noted the decrease in the myotome on the right was minimal at 5-/5. There was a lack of documentation indicating a failure of physical medicine treatment, NSAIDs and muscle relaxants. Given the above, the request for LESI bilateral L4 and L5 nerve roots is not medically necessary.

**Meds x 1 Terocin pain patch box 10 patches, Omeprazole 20mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Lidocaine, NSAIDS Page(s): 105, 111, 112, 69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

**Decision rationale:** The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). ...No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical

salicylates. Per [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov), Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review indicated the injured worker had previously utilized the medication for duration of greater than 6 months. There was a lack of documentation of objective functional benefit. Additionally, there was a lack of documentation indicating a necessity for the use of topical Lidocaine as the indicated usage is strictly through Lidoderm patches. The request for Terocin would not be supported. The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had utilized the medication for at least 6 months. There was a lack of documentation of efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medications. Given the above, the request for meds x 1 Terocin pain patch box 10 patches and Omeprazole 20 mg #120 is not medically necessary.