MAXIMUS Federal Services

Case Number:	CM14-0079190		
Date Assigned:	07/18/2014	Date of Injury:	03/24/2011
Decision Date:	09/15/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/29/2014

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 Physical Medicine and Rehabilitation 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:

This 47 year-old patient sustained an injury to his low back and left wrist on 3/24/11 from a slip and fall accident. The request under consideration includes lumbar epidural steroid injection left L4, L5 and S1 and Terocin patch #10 for numbness. The diagnoses include lumbar radiculopathy and myofascial pain syndrome. The injured worker's conservative care has included physical therapy, diagnostic MRI and EMG/NCS, acupuncture, status post left carpal tunnel release with 20 post-op occupational therapy sessions, chiropractic treatment, trigger point injections, lumbar epidural steroid injections (2012), medications, and activity modification/ rest. Medications list includes Neurontin, Omeprazole, Naproxyn, Zanaflex, Medrox, and Dendracin ointments. There is QME report dated 5/13/13 stating additional ESIs are not indicated due to lack of benefit from previous injections. The request for lumbar epidural steroid injection left L4, L5 and S1 and Terocin patch #10 for numbness were non-certified on 5/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION LEFT L4, L5 AND S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI'S).

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. There is no documented functional improvement post previous injection, per QME. In addition, patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic 2011 injury. Criteria for repeating the epidurals have not been met or established. The lumbar epidural steroid injection left L4, L5 and S1 is not medically necessary and appropriate.

TEROCIN PATCH #10 FOR NUMBNESS: 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): 111-113.

Decision rationale: Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per the MTUS guidelines, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia Serrata and topical Lidocaine are specifically not recommended. Per the FDA, topical Lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additional, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed multiple oral meds. The request for Terocin patch #10 for numbness is not medically necessary and appropriate.