

<b>Case Number:</b>	CM14-0095801		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 62 year old female who reported an injury to her low back. The utilization review dated 06/20/14 resulted in a denial for an epidural steroid injection in the lumbar region as well as the use of Terocin patches. No objective information had been submitted corroborating the injured worker's radiculopathy; therefore, the injections were not appropriate. Insufficient information has been submitted confirming the safety and efficacy of the use of topical analgesics. The clinical note dated 05/29/14 indicates the injured worker complaining of lumbar region pain. The note indicates the injured worker having a positive straight leg raise at 75 degrees bilaterally. Radiating pain was identified in the L5 and S1 dermatomes. Hypoesthesia was also identified at the anterolateral aspect of the foot and ankle. Weakness was identified with dorsa and plantar flexion bilaterally. The clinical note dated 04/17/14 indicates the injured worker rating the right knee and low back pain as 6-10/10. There is an indication the injured worker had recently undergone an arthroplasty on the right in March of 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Epidural Steroid Injection, L3-L4, L4-L5:** Upheld

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

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

**Decision rationale:** The documentation indicates the injured worker complaining of low back pain with strength deficits in the lower extremities. An epidural steroid injection is indicated for injured workers with imaging evidence confirming the injured worker's neurocompressive findings at the appropriate levels. No imaging studies were submitted for review. Therefore, it is unclear if the injured worker would benefit from the proposed injection. As such, this request is not indicated as medically necessary.

**Terocin Patches:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.