

<b>Case Number:</b>	CM14-0174389		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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:

The patient is a 45 year old female with date of injury 7/1/09. The treating physician report dated 9/17/14 indicates that the patient presents with pain affecting the cervical spine with radicular pain into the upper extremities and right shoulder. The physical examination findings reveal decreased cervical ranges of motion, pain to palpation over the left C2 transverse process with pain into the occipital distribution and negative foraminal closure test. Prior treatment history includes medication management. The current diagnoses are: 1. Cervicalgia. 2. Cervical radiculitis. 3. Peripheral neuropathy. 4. TMJ. 5. Carpal Tunnel Syndrome. 6. Lesion of ulnar nerve. The utilization review report dated 10/7/14 denied the request for One (1) C-2 block, Norco 10/325 mg, #60, Terocin Lotion, One (1) bottle, Promethazine HCL 25 mg, #60 and Ibuprofen 800 mg, #90 based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) C-2 block:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Great occipital nerve block

**Decision rationale:** The patient presents with chronic neck pain with radiating pain into the upper extremities. The current request is for One (1) C-2 block. The treating physician states that the patient has 8/10 axial cervical pain and cervical radiculitis with denial from the insurance for cervical epidural injections. The MTUS guidelines do not address occipital blocks. The ODG guidelines state, "Under Study. Greater occipital nerve blocks (GONB) have been recommended by several organizations for the diagnosis of both occipital neuralgia and cervicogenic headaches. "In this case the treating physician has documented that the patient is experiencing radicular pain and has requested cervical ESI injections which have been denied. It is difficult to determine exactly what kind of C2 injection the progress notes refer to. There is no impingement of the C2 nerve root and the notes refer to occipital neuralgia as a diagnosis. Since the Greater Occipital nerve is innervated by the C2 nerve, this is the only procedure that makes sense. Greater Occipital nerve block are not contraindicated by ODG and there appears to be some support both diagnostically and therapeutically. The procedure is medically necessary.

**Norco 10/325 mg, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,88-89.

**Decision rationale:** The patient presents with chronic neck pain with radiating pain into the upper extremities. The current request is for Norco 10/325 mg, #60. The treating physician has prescribed Norco since at least 1/27/14. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In review of the treating physician report dated 9/17/14 it states that pain levels are a 10/10 without medication and a 7/10 with Norco on board. There is documentation of a 50% functional improvement with Norco (36) and a decrease in ADLs when she does not take Norco. The physician has stated that there are no side effects from medication usage. There is documentation of screening for aberrant behavior. The current request is medically necessary.

**Terocin Lotion, One (1) bottle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** The patient presents with chronic neck pain with radiating pain into the upper extremities. The current request is for Terocin lotion, one bottle. Terocin contains methyl salicylate, capsaicin, lidocaine and menthol. The MTUS guidelines p112 on topical lidocaine states, "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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." For salicylate, a topical NSAID, MTUS does allow it for peripheral joint arthritis/tendinitis problems. However, the patient does not present with peripheral joint problems to warrant a compound product with salicylate. Furthermore, the MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. In this case, the MTUS guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Neither lidocaine, nor salicylate are indicated for this patient. Therefore, recommendation is for denial.

**Promethazine HCL 25 mg, #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Promethazine (Phenegan)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetic's

**Decision rationale:** The patient presents with chronic neck pain with radiating pain into the upper extremities. The current request is for Promethazine HCL 25 mg, #60. Promethazine is an antiemetic. The MTUS guidelines do not address Promethazine. The ODG guidelines state that Promethazine is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, the treating physician has prescribed an antiemetic for nausea caused by opioid usage. There is no documentation that the patient is suffering with nausea due to cancer pain or post operatively which ODG supports the usage of antiemetic's. The request is not medically necessary.

**Ibuprofen 800 mg, #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** The patient presents with chronic neck pain with radiating pain into the upper extremities. The current request is for Ibuprofen 800 mg, #90. The MTUS Guidelines

regarding NSAIDs on page 67 state, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." In this case the treating physician states that the patient has failed conservative management of rest, activity modification, NSAIDs, opioids and home physical therapy. There is no information provided to indicate that there is any reduced pain or functional improvement with NSAID usage. The MTUS guidelines on page 60 requires that the physician document pain and function for medications used for chronic pain and analgesic medications should show effects within 1-3 days. There is no information provided to indicate that this medication is medically necessary.