

<b>Case Number:</b>	CM14-0191018		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	01/17/2001
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family 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 patient is a 57 year-old woman who was injured at work on 1/17/2001. The injury was primarily to her back. She is requesting review of denial for the following: Bilateral L5 Transforaminal Epidural Steroid Injections, Quantity #2; Ultram 50 mg; Terocin 2.5-0.025-10-25%. Medical records corroborate ongoing care for her injuries. These records include treatment at the [REDACTED]. Her last office visit, based on the available records, was on 10/3/2014. These records indicate that she had no change in her symptoms from the prior visit. There was no change in the nature of her back pain. Her medications included: Methadone, Meloxicam, Percocet, Terocin Cream, and Ultram. Physical examination was notable for the following: there was tenderness in the lumbar area. Lower extremity strength and sensation was normal and her deep tendon reflexes were 2+ and symmetrical. Her straight leg raise test was positive. The assessment was Lumbar Radiculopathy and Lumbar Post-Laminectomy Syndrome. The rationale for the lumbar epidural was the presence of a positive straight leg raise test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5 transforaminal epidural steroid injections, quantity 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Epidural Steroid Injections (ESIs)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Complaints, Epidural Steroid Injections

**Decision rationale:** The Official Disability Guidelines provide criteria for the use of epidural steroid injections. These criteria state the following: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. In reviewing this patient's medical records, there is insufficient evidence to support the diagnosis of a radiculopathy. Specifically, the sole physical examination finding provided to support the epidural steroid injection is a positive straight leg test. The patient has a documented normal motor and sensory examination and has normal deep tendon reflexes. Further, per the Official Disability Guidelines (Item #1), there are no imaging or electrodiagnostic studies done in support of a diagnosis of radiculopathy as the source of the patient's chronic pain. In summary, there is no evidence to support the use of a lumbar epidural injection. The procedure is not medically necessary.

**Ultram 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78, 80.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids including Ultram. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated

MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the time-frame required for a reassessment of therapy. The evidence from the office records indicates that Ultram has not been effective in treating this patient's chronic back pain. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Ultram is not considered medically necessary.

**Terocin 2.5-0.025-10-25%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Terocin cream is a topical analgesic consisting of the combination of the following medications: Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics. These guidelines state that topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. In this case, there is no evidence that this patient has received a prior trial of an anticonvulsant or an antidepressant, per the MTUS guidelines. It is also unclear whether the patient has neuropathic pain as a component of her chronic pain syndrome. Given these concerns, the use of Terocin is not medically necessary.