

<b>Case Number:</b>	CM14-0209268		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/15/2008
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 65 year old female with the injury date with the injury date of 04/15/08. Per 11/17/14 report, the patient has neck pain and lower back pain, radiating down her upper/ lower extremities, at 3/10 with medication and 4/10 without medication. The patient had cervical epidural steroid injection bilaterally C5-7 on 06/17/14 "with good [50-80%] functional improvement in the areas of mood, sitting, standing, traveling and mobility...With medications and injections, the patient is able to care for pets, climb stairs and do gardening. Her life quality has been improved." EMG/NCV 02/08/12 demonstrates potentials in the left C5 myotome consistent with mild active left cervical radiculopathy in the corresponding nerve root. The patient continues on-going home exercise program. The patient is currently not working. The patient is currently taking Capsaicin topical ointment, Gabapentin, Naprosyn and Tizanidine. The patient states that Capsaicin is beneficial. The lists of diagnoses are: 1) Cervical radiculopathy 2) Lumbar radiculopathy 3) Chronic pain, other 4) S/P facial fx with chronic dizziness (vertigo) 5) Right knee pain after fall following acupuncture treatments. The patient has failed Naproxen due to shortness of breath, palpitations, and Norco due to diarrhea, GI upset, nausea. "The patient has failed conservative treatment including drug therapy, activity modifications and physical therapy and wishes to proceed with a cervical epidural steroid injection (ESI) for the bilateral C5-7 level in efforts to avoid surgical intervention. The goal of ESI is to reduce pain and inflammation, to restore ROM and to avoid surgery. This patient is the diagnostic phase of receiving ESIs, as this will be the patient's initial injection. During the diagnostic phase, initial injections indicate whether success will be obtained

with this treatment intervention. Per 10/20/14 report, the patient rates her pain with 2/10 with medication and 4/10 without medication. There is tenderness over C4-7, left trapezius muscle and paravertebral C4-6 area. Sensory examination shows decreased sensation in the left upper extremity, with the affected C5-7. The utilization review determination being challenged is dated on 12/01/14. Treatment reports were provided from 12/16/13 to 12/15/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Steroid diagnostic cervical epidural under fluroscopy, at bilateral C5-C7: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46-47.

**Decision rationale:** The patient presents with pain and weakness in her neck and lower back and extremities. The request is for steroid diagnostic cervical epidural under fluoroscopy at bilateral C5-C7. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. MTUS also states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." MTUS page 46 further states that "If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections." In this case, the patient had cervical epidural steroid injection bilaterally C5-7 on 06/17/14 "with good (50-80%) functional improvement," but the duration and level of pain relief was not included in the provided documentation. The treater requested ESI bilaterally to C5-C7 levels but EMG shows only left C5 myotome. There is no physical findings or MRI reports that show radicular pain following dermatomal patterns at C5-7. The treater requested ESI to avoid surgery, but none of the reports discuss a surgical plan or recommendation of surgery in the future. The request is not medically necessary.

#### **Topical Capsaicin 0.025% cream, #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

**Decision rationale:** The patient presents with pain and weakness in her neck and lower back and extremities. The request is for topical capsaicin 0.025% cream #60. The patient has been utilizing Capsaicin topical cream since at least 10/20/14. MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with

few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, the utilization review letter 12/01/14 denied this request, stating that "Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other medication, which is not true. MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. This patient does present low back pain which the topical medication would be indicated. In addition, the patient states that this cream is beneficial. Therefore, the request is medically necessary.