

<b>Case Number:</b>	CM14-0071557		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/17/2014

### 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. 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 60 year old male who sustained an industrial injury 01-24-14. A review of the medical records reveals the injured worker is undergoing treatment for lumbar disc herniation with myelopathy, lumbar degenerative joint disease-degenerative disc disease, and lumbar neuritis-radiculitis. Medical records on 04-07-14 revealed that the injured worker complained of worsening back pain with radiation to the bilateral legs, right more than left. The physical exam on 04-07--2-14 showed lumbar spine swelling and spasms bilaterally, with diminished lumbar spine range of motion. Prior treatment included therapy and medications management. The lumbar spine MRI dated 03-021-14 reveals disc protrusions at L4-S1 with narrowing of the left lateral recess, as well as spondylolisthesis and L5-S1 disc desiccation. The original utilization review (05-08-14) non certified the request for a lumbar epidural steroid injection, Tramadol ER 150mg #30, Terocin patches unknown quantity, IF-FCL 240 gm, and 5C-CMTCCG topical 240gm. The documentation noted that the injured worker has been on Tramadol since at least 02-10-14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One lumbar epidural steroid injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back, Epidural Steroid Injection.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe lumbar radiculopathy when conservative treatment with medications, exercise and PT have failed. There is documentation of subjective, objective and radiological findings consistent with the diagnosis of lumbar radiculopathy. The patient was noted to have completed conservative treatments with medications and physical treatments. The criteria for one lumbar epidural steroid injection were met. The request is medically necessary.

**One prescription of Tramadol ER 150mg, #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when treatment with NSAIDs, non-opioid co-analgesics and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records indicate subjective and objective findings consistent with the worsening of the musculoskeletal pain. There is documentation of compliance and functional restoration with utilization of Tramadol. There was no adverse medication effect noted. The criteria for one prescription of Tramadol ER 150mg #30 were met. The request is medically necessary.

**Unknown prescription for Terocin patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Medications for chronic pain, Nonprescription medications, Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic medications can be utilized for the treatment of localized neuropathic pain when first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with first line medications. The guidelines recommend that topical medications be utilized individually for evaluation of efficacy. The Terocin product contains menthol 10%/ lidocaine 2.5% / capsaicin 0.025% / methyl salicylate 25%. There is lack of guidelines support for the utilization of topical menthol and methyl salicylate for the treatment of chronic musculoskeletal pain. The criteria for the use of Terocin patch were not met. The request is not medically necessary.

**One prescription for 1F-FCL 240gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Nonprescription medications, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic medications can be utilized for the treatment of localized neuropathic pain when first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with first line medications. The guidelines recommend that topical medications be utilized individually for evaluation of efficacy. There is lack of guidelines support for the utilization of topical analgesics for the treatment of chronic musculoskeletal pain. The criteria for the use of one prescription of 1F-FCL 240gm were not met. The request is not medically necessary.

**One prescription of 5C-CMTCCG topical cream 240gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Nonprescription medications, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic medications can be utilized for the treatment of localized neuropathic pain when first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with first line medications. The guidelines

recommend that topical medications be utilized individually for evaluation of efficacy. There is lack of guidelines support for the utilization of topical analgesics for the treatment of chronic musculoskeletal pain. The criteria for the use of one prescription of 5C-CMTCCG topical cream 240gm were not met. The request is not medically necessary.