

<b>Case Number:</b>	CM14-0095179		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 50 year old male, who sustained an industrial injury on 2/28/2011. The current diagnosis is thoracic or lumbosacral neuritis or radiculitis. Currently, the injured worker complains of ongoing low back pain, worse on the left side. The pain is described as aching and rated 8/10 on a subjective pain scale. Current medications are Neurontin, Baclofen, and Hydrochlorothiazide. The physical examination of the lumbar spine reveals facet tenderness on the left. Axial loading of the lumbar spine worsens the pain. Range of motion is decreased due to pain, especially extension. Radicular pain is present on the L4-5 and L5-S1 levels. Straight leg raise test is positive on the left side. Treatment to date has included medications and physical therapy. The treating physician is requesting Medrox patches (unknown prescription), Compound Lidocaine 2%, Prilocaine 2%, Lamotrigine 2.5%, Meloxicam .09% topical cream with 4 refills, left transforaminal epidural steroid injection L4-5 and L5-S1 under fluoroscopic guidance, and Left lumbar medial branch block at L3-L4, L5-S1, which is now under review. On 6/18/2014, Utilization Review had non-certified a request for Medrox patches (unknown prescription), Compound Lidocaine 2%, Prilocaine 2%, Lamotrigine 2.5%, Meloxicam .09% topical cream with 4 refills, left transforaminal epidural steroid injection L4-5 and L5-S1 under fluoroscopic guidance, and Left lumbar medial branch block at L3-L4, L5-S1. The California MTUS Chronic Pain, ACOEM, and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown Prescription for Medrox Patches: Upheld**

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

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

**Decision rationale:** This 50 year old male has complained of low back pain since date of injury 2/28/11. He has been treated with physical therapy and medications. The current request is for Medrox patches. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Medrox patch is not indicated as medically necessary.

**Compound Lidocaine 2%, Prilocaine 2%, Lamotrigine 2.5%, Meloxicam .09% topical cream with 4 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This 50 year old male has complained of low back pain since date of injury 2/28/11. He has been treated with physical therapy and medications. The current request is for Compound Lidocaine 2%, Prilocaine 2%, Lamotrigine 2.5%, Meloxicam .09% topical cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Compound Lidocaine 2%, Prilocaine 2%, Lamotrigine 2.5%, Meloxicam .09% topical cream is not indicated as medically necessary.

**Left Transforaminal Epidural Steroid Injection L4/5 and L5/S1 under Fluoroscopic Guidance: Upheld**

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

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

**Decision rationale:** This 50 year old male has complained of low back pain since date of injury 2/28/11. He has been treated with physical therapy and medications. The current request is for left transforaminal epidural steroid injection L4/5 and L5/S1 under fluoroscopic guidance. Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) 3) Injections should be performed using fluoroscopy (live x-ray) for guidance 4) 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. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The available medical records do not include documentation that criteria (1) above has been met. Specifically, the available provider notes do not document evidence of radiculopathy by physical examination that has been corroborated by imaging and/or electrodiagnostic testing. On the basis of the MTUS guidelines, a left transforaminal epidural steroid injection L4/5 and L5/S1 under fluoroscopic guidance is not indicated as medically necessary.

**Left Lumbar Medial Branch Block at L3/L4/L5/S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Medial Branch Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** This 50 year old male has complained of low back pain since date of injury 2/28/11. He has been treated with physical therapy and medications. The current request is for left lumbar medial branch block at L3/L4/L5/S1. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the above cited MTUS guidelines, left lumbar medial branch block at L3/L4/L5/S1 are not indicated as medically necessary.