

Case Number:	CM15-0017431		
Date Assigned:	02/10/2015	Date of Injury:	02/15/2012
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/29/2015

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 & Rehabilitation

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 58 year old female, who sustained an industrial injury on February 15, 2012. The injured worker has reported neck and bilateral arm pain. The diagnoses have included cervical sprain/strain and sacroilitis of the bilateral sacroiliac joint. Treatment to date has included pain management, psychological evaluation and a cervical epidural steroid injection. The epidural steroid injection was noted to have given the injured worker fifty percent improvement in symptoms for eight weeks. Current documentation December 29, 2014 notes that the injured worker complained of neck pain and limited range of motion of the neck and arms. Associated symptoms included headaches with blurred vision, numbness and tingling, weakness and muscle spasms. She also reported worsening bilateral buttock pain with radiation to the posterior and lateral right thigh with associated numbness and tingling. Physical examination of the upper extremities revealed weakness. The injured worker also had severe sacroiliac joint inflammation with radiculitis and radiculopathy to the posterior and lateral aspect of the thighs. Sacroiliac joint thrust was positive. On January 20, 2015 Utilization Review non-certified a request for a bilateral sacroiliac joint injection under fluoroscopy guidance, a second cervical epidural steroid injection at cervical seven- thoracic one with catheter cervical five-cervical six under fluoroscopy guidance, Terocin Patches # 30 and Terocin Lotion 240 ml. The MTUS, Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, were cited. On January 29, 2015, the injured worker submitted an application for IMR for review of bilateral sacroiliac joint injection under fluoroscopy guidance, a second cervical epidural steroid

injection at cervical seven- thoracic one with catheter cervical five-cervical six under fluoroscopy guidance, Terocin Patches # 30 and Terocin Lotion 240 ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 Joint Injection Under Fluoroscopy Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sacroiliac Joint Blocks, Official Disability Guidelines, Hip and Pelvis (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 Hip and Pelvis Chapter states: Sacroiliac Joint blocks.

Decision rationale: The patient presents with worsening bilateral buttock pain with radiation to the posterior and lateral right thigh with associated numbness and tingling. Patient has had severe sacroiliac joint inflammation with radiculitis and radiculopathy to the posterior and lateral aspect of the thighs. The request is for BILATERAL S1 JOINT INJECTION UNDER FLUOROSCOPY GUIDANCE. The RFA provided is dated 12/29/14. Patient's diagnosis have included cervical sprain/strain and sacroilitis of the bilateral sacroiliac joint, and cervical radiculitis/radiculopathy. Per UR letter dated 01/20/15, orthopedic testing was positive for sacroiliac dysfunction including Gensler's, Patrick's, and sacroiliac thrust tests. Treatments to date have included pain management, psychological evaluation and a cervical C7-T1 epidural steroid injection on 11/19/14. Per the AME doctor's recommendation, the patient is to return to modified duty. ODG-TWC, Hip and Pelvis Chapter states: "Sacroiliac Joint blocks: Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below. Criteria for the use of sacroiliac blocks: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. 4. Blocks are performed under fluoroscopy. (Hansen, 2003) 5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. 6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. 7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. 8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. 9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year." The patient was certified for the first bilateral sacroiliac joint injection on 08/08/12 with 50% functional improvements. ODG states that "for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is

obtained for 6 weeks." There is no documentation of at least 4-6 weeks failure of conservative care, as required by the guidelines. Furthermore, the treater appears to be concerned about the patient's radicular symptoms which is not consistent with SI joint syndrome. The request does not meet ODG guideline indications. Therefore, the request IS NOT medically necessary.

1 2nd Cervical Epidural Steroid Injection @ C7-T1 with catheter C5-6 Under Fluoroscopy
Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sacroiliac Joint Blocks, Official Disability Guidelines (ODG), Hip and Pelvis (Acute & Chronic), Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The patient presents with neck and bilateral arm pain rated 8/10. Associated symptoms included headaches with blurred vision, numbness and tingling, weakness and muscle spasms. The request is for 1 2ND CERVICAL STEROID INJECTION AT C7 AND T1 WITH CATHETER C5-6 UNDER FLUOROSCOPY GUIDANCE. The RFA provided is dated 12/29/14. Patient's diagnosis has included cervical sprain/strain and sacroilitis of the bilateral sacroiliac joint and cervical radiculitis/radiculopathy. Treatments to date have included pain management, psychological evaluation and a cervical C7-T1 epidural steroid injection on 11/19/14. The cervical epidural steroid injection was noted to have given the patient fifty percent (50%) improvement in symptoms for eight weeks. Per the AME doctor's recommendation, the patient is to return to modified duty. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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. In this case, the patient underwent a cervical C7-T1 epidural steroid injection on 11/19/14. The cervical epidural steroid injection was noted to have given the patient fifty percent (50%) improvement in symptoms for eight weeks. However, the provided reports do not show evidence of a clear diagnosis of radiculopathy, with positive examination, and an MRI or other electrodiagnostic study showing a potential nerve root lesion. Therefore, the request IS NOT medically necessary.

30 Terocin Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Salicylate topicals, Capsaicin, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch).'

Decision rationale: The patient presents with neck and bilateral arm pain rated 8/10. Associated symptoms included headaches with blurred vision, numbness and tingling, weakness and muscle spasms. She also reported worsening bilateral buttock pain with radiation to the posterior and lateral right thigh with associated numbness and tingling. The request is for 30 TEROGIN PATCHES. The RFA provided is dated 12/29/14. Per the AME doctor's recommendation, the patient is to return to modified duty. MTUS guidelines page 57 states, "topical lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that Terocin patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater has not provided reason for the request. The patient presents with bilateral arm and buttock pain. Treater has not discussed the pain to be neuropathic localized peripheral, for which Lidocaine would be indicated by MTUS. In this case, treater does not document the area of treatment nor how the patches will be used, with what efficacy. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

Terocin Lotion 240ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Salicylate topicals, Capsaicin, topical.

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

Decision rationale: The patient presents with neck and bilateral arm pain rated 8/10. Associated symptoms included headaches with blurred vision, numbness and tingling, weakness and muscle spasms. She also reported worsening bilateral buttock pain with radiation to the posterior and lateral right thigh with associated numbness and tingling. The request is for TEROGIN LOTION 240ML. The RFA provided is dated 12/29/14. Per the AME doctor's recommendation, the patient is to return to modified duty. Terocin cream is considered a topical analgesic and contains methyl salicylate, capsaicin, lidocaine, and menthol. MTUS Guidelines page 112 on topical lidocaine states, "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, tricyclic or SNRI antidepressants 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 Guidelines do not allow any other formulation of lidocaine other than in patch form. Terocin lotion consists of lidocaine,

which is not indicated as a topical formulation by MTUS Guidelines. Therefore, the requested Terocin lotion IS NOT medically necessary.