

Case Number:	CM15-0224757		
Date Assigned:	11/23/2015	Date of Injury:	10/12/2014
Decision Date:	12/31/2015	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/16/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 29 year old female, who sustained an industrial injury on 10-12- 2014. The injured worker is undergoing treatment for: lumbar sprain, left lower extremity sprain, left knee sprain, lumbar disc protrusion, and obesity. The treatment and diagnostic testing to date has included: medications, topical analgesics, home exercises, TENS, and weight loss. Medications have included: lidopro, gabapentin, omeprazole, motrin, Zanaflex, terocin patches. On 10-19-15, she reported low back pain with numbness of left foot, and neck pain. On 11-3-15, she reported intermittent low back pain with associated burning and tingling in the left lower extremity, and indicated she was unable to walk. She is noted as stating "she does not want to take oral medication for her lifetime". Objective findings revealed no splinting of the low back, no difficulty with heel and toe walking, tightness and trigger area at l4-L5, decreased of motion, decreased sensation below left knee area, and positive left straight leg raise testing. Current work status: modified. The request for authorization is for: Terocin patches 120 grams quantity 30; lumbar epidural steroid injection L4-L5, L5-S1. The UR dated 11-12-2015: non-certified the request for Terocin patches 120 grams quantity 30; lumbar epidural steroid injection L4-L5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch 120 gm Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Topical compound medications; FDA - Compounded topical anesthetic creams.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no documented evidence of failure of first line therapy. "Not wanting to take oral medications" does not constitute a failure. Therefore, the request is not medically necessary.

Lumbar epidural steroid injection, L4-L5, L5-S1, Qty 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition, there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal/myotomal distribution of radiculopathy. In addition, there is documentation that the injured worker underwent an ESI procedure on 7/24/15 but there is no documentation on whether or not she had a positive response or duration and percentage of relief. Therefore, the request is not medically necessary.