

<b>Case Number:</b>	CM15-0035176		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, 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 59 year old female who sustained an industrial injury on June 24, 2013. The injury occurred when she fell off a moving shuttle. The latest magnetic resonance imaging (MRI) of the cervical spine was in December 2013. The injured worker was diagnosed with multi-level disc bulging and cervical radiculopathy. According to the primary treating physician's progress report on January 7, 2015 the injured worker continues to have worsening pain in the neck and shoulders. Examination of the cervical spine demonstrated spasm with painful and decreased range of motion, facet tenderness and radiculopathy on the right C5-C7. The injured worker received a Toradol Injection for pain at the office visit. Current medications consist of Tramadol and Aleve. Current treatment modalities consist of continuing with home exercise program, transcutaneous electrical nerve stimulation (TEN's) unit and medication. The injured worker is on temporary total disability (TTD). The treating physician requested authorization for Terocin lotion 180mg times 1 and Facet Block C5-7 bilateral times 1. On January 20, 2015 the Utilization Review denied certification for Terocin lotion 180mg times 1 and Facet Block C5-7 bilateral times 1. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion 180mg times 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical NSAIDs; Lidocaine Indication: Neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Terocin lotion, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Topical lidocaine is 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). Additionally, it is supported only as a dermal patch. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Terocin lotion is not medically necessary.

**Facet block C5-7 bilateral times 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) - Neck & Upper Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

**Decision rationale:** Regarding the request for facet block, CA MTUS and ACOEM recommend conservative treatment prior to invasive techniques. ODG states that the physical findings consistent with facet mediated pain include axial neck pain, tenderness to palpation over the facet region, decreased range of motion particularly with extension and rotation, and absence of radicular or neurologic findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. Within the documentation

available for review, there are no recent physical examination findings supporting a diagnosis of facet arthropathy. Additionally, it appears the patient has active symptoms of radiculopathy. Guidelines do not support the use of facet injections in patients with active radiculopathy. Furthermore, there is no clear rationale for the use of facet injections rather than the medial branch blocks supported by ODG. In light of the above issues, the currently requested facet block is not medically necessary. ODG goes on to state that therapeutic facet injections are not recommended. If an initial facet injection is successful, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy. Within the documentation available for review, it appears the patient has undergone one facet injection previously. Guidelines do not support the use of repeat facet injections. As such, the currently requested cervical facet injection is not medically necessary.