

<b>Case Number:</b>	CM15-0075737		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 59-year-old female with an industrial injury dated 02/15/2012 resulting in back pain, elbow and knee pain. Her diagnosis was sacroiliitis of bilateral sacroiliac joints. Prior treatment included injections, physical therapy, psychotherapy and cervical epidural (50% improvement). In progress note dated 12/03/2014, she was complaining of abdominal pain, which the provider noted, "I suspect that this is industrially related based on the multiple anti-inflammatory medications that the patient was taking." She presents on 04/01/2015 with complaints of severe pain over bilateral buttock radiating to posterior and lateral aspect of right thigh with numbness and tingling progressively increasing in severity. The injured worker had recently noticed this pain when standing on uneven surfaces or while climbing up stairs or standing up from a seated position. She rates the pain as 8/10 most of the time with flare-ups reaching 9/10. She states it is so severe it causes her problems falling asleep and maintaining sleep at night without the aid of sleeping pills and medications. Physical exam revealed the injured worker was also suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of thigh. MRI dated 04/05/2012 showed disc protrusion at cervical 3-4, cervical 4-5 and cervical 5-6. Treatment plan included percutaneous neurostimulator, Norco, Omeprazole, Terocin patches and Terocin lotion. This request is for percutaneous neurostimulator treatments (wear stimulator for 4 days, then removed & replaced), bilateral sacroiliac joint injection under fluoroscopy guidance, Norco 10/235 mg # 30, Omeprazole 20 mg # 60, referral to specialist for evaluation of bilateral knee, Terocin lotion 240 ml # 1, Terocin patches # 30, and unknown prescription compound creams.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral Sacroiliac Joint Injection Under Fluoroscopy Guidance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under SI joint injections.

**Decision rationale:** The patient presents with pain in back, elbow and knee with severe pain over bilateral buttock radiating to posterior and lateral aspect of right thigh with numbness and tingling progressively increasing in severity rated 8-9/10. Patient is also suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of thigh. The request is for bilateral sacroiliac joint injection under fluoroscopy guidance. The request for authorization is dated 12/29/14. MRI of the lumbar spine, 04/05/12, shows L5-S1: diffuse disc protrusion with effacement of the thecal sac; bilateral neural foraminal narrowing that effaces the L5 exiting nerve roots. Gaenslen's test and Patrick Fabre test were positive, sacroiliac joint thrust demonstrated severely positive. The patient reports going to physical therapy and acupuncture treatments with limited improvements. Patient's medications include Norco, Omeprazole and Terocin. Per progress report dated 01/19/15, the patient has not been working. ODG guidelines, Low Back Chapter under SI joint injections states: "Treatment: There is limited research suggesting therapeutic blocks offer long- term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti- inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block." ODG further states that, "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed." "Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH)." Criteria for the use of sacroiliac blocks: 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. Treater does not discuss the request. This patient has trialed aggressive conservative treatments but continues with severe sacroiliac joint inflammation. ODG guidelines require 3 positive exam findings in order to proceed with Sacroiliac Joint Injection. In this case, physical examination findings reveal Gaenslen's test and Patrick Fabre test were positive, sacroiliac joint thrust demonstrated severely positive. Review of provided medical records show no evidence of prior Sacroiliac Joint Injection. This request appears reasonable and within guidelines indication. Therefore, the request is medically necessary.

### **Referral to specialist for evaluation of Bilateral Knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330, 339. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The patient presents with pain in back, elbow and knee with severe pain over bilateral buttock radiating to posterior and lateral aspect of right thigh with numbness and tingling progressively increasing in severity rated 8-9/10. Patient is also suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of thigh. The request is for referral to specialist for evaluation of bilateral knee. The request for authorization is dated 04/03/15. MRI of the lumbar spine, 04/05/12, shows L5-S1: diffuse disc protrusion with effacement of the thecal sac; bilateral neural foraminal narrowing that effaces the L5 exiting nerve roots. Gaenslen's test and Patrick Fabre test were positive, sacroiliac joint thrust demonstrated severely positive. The patient reports going to physical therapy and acupuncture treatments with limited improvements. Patient's medications include Norco, Omeprazole and Terocin. Per progress report dated 01/19/15, the patient has not been working. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Treater does not discuss the request. In this case, the patient continues with knee pain. Patient's diagnosis includes internal derangement of the left knee; chronic sprain medial collateral ligament of the left knee. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Referral to Specialist for Evaluation of Bilateral Knee. Given the patient's condition, the request for a Referral to Specialist appears reasonable. Therefore, the request is medically necessary.

**Norco 10/325mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient presents with pain in back, elbow and knee with severe pain over bilateral buttock radiating to posterior and lateral aspect of right thigh with numbness and tingling progressively increasing in severity rated 8-9/10. Patient is also suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of thigh. The request is for Norco 10/325 mg qty 30. The request for authorization is dated 04/03/15. MRI of the lumbar spine, 04/05/12, shows L5-S1: diffuse disc protrusion with effacement of the thecal sac; bilateral neural foraminal narrowing that effaces the L5 exiting nerve roots. Gaenslen's test and Patrick Fabre test were positive, sacroiliac joint thrust demonstrated severely positive. The patient reports going to physical therapy and acupuncture treatments with limited improvements. Patient's medications include Norco, Omeprazole and Terocin. Per progress report dated 01/19/15, the patient has not been working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated

instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater does not specifically discuss this medication. Patient has been prescribed Norco since at least 05/14/14. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is no documentation or discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract is provided for review. Given the lack of documentation, the request does not meet guidelines indication. Therefore, the request is not medically necessary.

**Omeprazole 20mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Proton Pump Inhibitors (PPI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with pain in back, elbow and knee with severe pain over bilateral buttock radiating to posterior and lateral aspect of right thigh with numbness and tingling progressively increasing in severity rated 8-9/10. Patient is also suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of thigh. The request is for Omeprazole 20 mg qty 60. The request for authorization is dated 04/03/15. MRI of the lumbar spine, 04/05/12, shows L5-S1: diffuse disc protrusion with effacement of the thecal sac; bilateral neural foraminal narrowing that effaces the L5 exiting nerve roots. Gaenslen's test and Patrick Fabre test were positive, sacroiliac joint thrust demonstrated severely positive. The patient reports going to physical therapy and acupuncture treatments with limited improvements. Patient's medications include Norco, Omeprazole and Terocin. Per progress report dated 01/19/15, the patient has not been working. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e. g. , NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. Prescription history for Omeprazole is not provided, and it is unknown when this medication was initiated. In this case, treater does not document GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not discuss what gastric complaints there are, and why she needs to take it. Furthermore, the patient is not taking any NSAIDS. The request does not meet MTUS guidelines indication. Therefore, the request is not medically necessary.

## **Terocin Patches, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 57.

**Decision rationale:** The patient presents with pain in back, elbow and knee with severe pain over bilateral buttock radiating to posterior and lateral aspect of right thigh with numbness and tingling progressively increasing in severity rated 8-9/10. Patient is also suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of thigh. The request is for Terocin patches qty 30. The request for authorization is dated 04/03/15. MRI of the lumbar spine, 04/05/12, shows L5-S1: diffuse disc protrusion with effacement of the thecal sac; bilateral neural foraminal narrowing that effaces the L5 exiting nerve roots. Gaenslen's test and Patrick Fabre test were positive, sacroiliac joint thrust demonstrated severely positive. The patient reports going to physical therapy and acupuncture treatments with limited improvements. Patient's medications include Norco, Omeprazole and Terocin. Per progress report dated 01/19/15, the patient has not been working. 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." ODG guidelines, Pain Chapter under Lidoderm Section, it specifies that Lidoderm 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 does not specifically discuss this medication. Patient has been prescribed Terocin Patch since at least 10/31/14. The patient continues with elbow and knee pain, for which Terocin Patch would be indicated by guidelines. However, there is no documentation of how Terocin Patch is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request does not meet guideline indications. Therefore, the request is not medically necessary.

**Terocin Lotion 240ml, #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** The patient presents with pain in back, elbow and knee with severe pain over bilateral buttock radiating to posterior and lateral aspect of right thigh with numbness and tingling progressively increasing in severity rated 8-9/10. Patient is also suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of thigh. The request is for Terocin lotion 240 ml, qty 1. The request for authorization is dated 04/03/15. MRI of the lumbar spine, 04/05/12, shows L5-S1: diffuse disc protrusion with effacement of the thecal sac; bilateral neural foraminal narrowing that effaces the L5 exiting nerve roots. Gaenslen's test and Patrick Fabre test were positive, sacroiliac joint thrust demonstrated severely positive. The patient reports going to physical therapy and acupuncture treatments with limited improvements. Patient's medications include Norco, Omeprazole and Terocin. Per progress report dated 01/19/15, the patient has not been working. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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." Treater does not specifically discuss this medication. Patient has been prescribed Terocin Lotion since at least 10/13/14. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS guidelines. Therefore, the request is not medically necessary.