

<b>Case Number:</b>	CM14-0114038		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/10/2007
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 43-year-old female who reported an injury on 04/10/2007. The mechanism of injury was not provided within the medical records. The clinical note dated 06/09/2014 indicated diagnoses of chronic low back pain, status post L5-S1 fusion, cervical disc herniation with neural foraminal narrowing and chronic pain due to the above. The injured worker reported back pain and neck pain rated 6/10 to 9/10 respectively. The injured worker reported she had a cervical epidural injection done 04/27/2012 with gave her 60% relief for about a year. The injured worker reported she was taking Norco 3 times per day, Prilosec for gastritis, Docuprene for constipation, Motrin, she also continued use of LidoPro cream which helped decrease her pain and increase amount of sleep she gets nightly. The injured worker reported medication helped decrease her pain about 50% temporarily. The injured worker reported the medication allowed her to increase her walking distance about 30 minutes and to increase her sleep by an hour and a half. The injured worker reported occasional constipation with medications and reported she stopped taking Neurontin due to GI upset. On physical examination the injured worker ambulated with an antalgic gait. The injured worker had tenderness to palpation of the cervical paraspinal regions. The injured worker's sensation was diminished to light touch and pinprick in the left "C6 and C6" dermatomes. The injured worker had a positive Spurling's on the left to the tip of the shoulder. The injured worker CURES dated 06/19/2014 revealed 30 then 16 Norco on 03/29/2014 and 04/17/2014 along with 24 Norco. Both of these providers were dentists. The injured worker's treatment plan included continue to request a repeat intralaminar epidural injection, follow-up in 4 weeks for re-evaluation. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included Prilosec, Norco,

Docuprene, LidoPro, ibuprofen, and hydrocodone/APAP. The provider submitted a request for intralaminar epidural injection at C4-5 and C5-6, LidoPro topical ointment and hydrocodone/APAP.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **INTRALAMINAR EPIDURAL INJECTION AT C4-5 AND C5-6: 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 (ESIs Page(s): 46.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs), page 46. The Expert Reviewer's decision rationale: The request for Intralaminar Epidural Injection at C4-5 and C5-6 is not medically necessary. The CA MTUS guidelines recommend "epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. 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. No more than two nerve root levels should be injected using transforaminal blocks. No more than one intralaminar level should be injected at one session. 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." 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. Although the injured worker reported 60% relief with the cervical epidural injection she received 04/27/2012, there was not a reduction in medication. Therefore, the request for intralaminar epidural injection at C4-5 AND C5-6 is not medically necessary.

#### **LIDOPRO TOPICAL OINTMENT 4 OZ, PRESCRIBED 6-9-14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111-112. The Expert Reviewer's decision rationale: The request for LidoPro Topical Ointment 4 Oz, Prescribed 6-9-14 is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed antidepressants or anticonvulsants. In addition, LidoPro contains capsaicin, Lidocaine, and menthol and methyl salicylate. It was not indicated the injured worker was intolerant to other treatments. Moreover, Lidocaine is only recommended in the form of a dermal patch Lidoderm, no other creams, gels or lotions is recommended for neuropathic pain. Per the guidelines any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Furthermore, the request does not indicate a frequency or quantity for this medication. Therefore, the request is not medically necessary.

**HYDROCODONE/APAP 10/325MG, PRESCRIBED 6-9-14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use, Opioids, Opioids, specific drug list Page(s): 91 78.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, criteria for use, Opioids, Opioids, specific drug list, page 91 78. The Expert Reviewer's decision rationale: The request for hydrocodone/APAP 10/325mg, prescribed 6-9-14 is not medically necessary. Although the injured worker reports relief and functional improvement with the use hydrocodone/apap, the injured worker is still unable to return to work from this 2007 injury. Furthermore, the request does not indicate a frequency or quantity for this medication. In addition, it was not indicated how long the injured worker had been utilizing this medication. Therefore, the request for hydrocodone/apap 10/325mg, prescribed 6-9-14 is not medically necessary.