

Case Number:	CM14-0080993		
Date Assigned:	07/18/2014	Date of Injury:	10/09/2006
Decision Date:	09/24/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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 and is licensed to practice in Nevada. 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 65-year-old gentleman who was reportedly injured on October 9, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 3, 2014, indicates that there are ongoing complaints of neck pain, low back pain, and bilateral knee pain. The physical examination of the lumbar spine revealed tenderness at the L5 - S1 as well as the facet joints of L4 - L5 and L5 - S1. There was decreased lumbar spine range of motion as well as sciatic notch and bilateral piriformis tenderness. Examination of the cervical spine noted tenderness over the facet joints from C4 to C7 and the spinous processes at C5 - C6. There was decreased cervical spine range of motion secondary to pain. Imaging studies were not reviewed during this visit. Previous treatment has included low back surgery, bilateral knee total knee arthroplasty and oral pain management. A request was made for Terocin, and epidural steroid injection at L4 through S1, and a facet block at C5 - C6 and C6 - C7 and was not certified in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin (unknown quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Terocin topical pain lotion is a topical analgesic ointment containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine and capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Terocin is not medically necessary.

1 right side lumbar Epidural Steroid Injection at L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the medical record there are no findings of a radiculopathy on physical examination nor are there any imaging studies indicating neurological impingement. Considering this, the request for lumbar spine epidural steroid injections is not medically necessary.

1 diagnostic cervical Facet Block at C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Diagnostic Blocks, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines the criteria for diagnostic blocks in the cervical spine includes documentation of failure of conservative treatment to include physical therapy, non-steroidal anti-inflammatory drugs and home exercise. There is no documentation that the injured employee has failed these treatments for the cervical spine. Considering this, the request for a diagnostic cervical facet block at C5 - C6 and C6 - C7 is not medically necessary.