

<b>Case Number:</b>	CM14-0094844		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Illinois. 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 52-year-old male who reported an injury on 09/09/2013 during a heavy lift. The injured worker was diagnosed with left knee lateral meniscus tear, secondary left knee synovitis/effusion, persistent left knee pain and mechanical symptoms and chronic lower back pain and left radicular syndrome. The injured worker was provided conservative care including physical therapy; however, it was discontinued after reports of increased pain by the injured worker as well as a right knee brace. On 07/16/2014, the injured worker received trigger point injections for myofascial pain. A lumbar MRI on 11/14/2013 noted L5 degenerative disc changes with circumferential disc bulging and hypertrophic degenerative changes. There was resulting right lateral recess impingement and impingement of the descending right L5 nerve root, mild to moderate overall central canal narrowing and moderately severe right neural foraminal narrowing. There are broad based disc bulges and hypertrophic changes additionally noted at L5-S1 and to a lesser degree at L2-3 and L3-4. On 11/13/2013 the EMG/NCS studies of the bilateral lower extremities were normal. On 05/05/2014 the physician noted the injured worker ambulated with a left antalgic gait. There was tenderness to deep palpation over the lower lumbar region, maximal around L5. There was limited active range of motion to the lumbar region secondary to pain. The physician noted normal lumbar lordosis. There was a positive left-side Straight Leg Raise. The injured worker reported to his physician on 08/06/2014, there had been improvement in function since the previous examination. He did have complaints of lumbar spine with pain increasing with acute spasms on the lumbar paraspinal muscles. No objective findings were noted by the physician. The injured worker has completed physical therapy and was now performing home exercise program as taught. The injured worker ambulated with a slow, guarded gait with no significant antalgic pattern. The injured worker takes Naproxen, omeprazole, Flexeril, and Mentherm topical cream. A

medical note on 10/13/2013 indicated the use of Methoderm cream was for neuropathic pain. The physician's treatment plan was to include medications and home. The physician will be requesting Methoderm cream, 2 bottles, and an epidural steroid injection at the left L4 and S1 and right L5. His rationale is to treat radicular pain. A Request for Authorization form for the lumbar epidural steroid injections was made available on 01/14/2014. A Request for Authorization form for the Methoderm was dated 06/11/2014 and made available for review.

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

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

**One prescription for Methoderm #2 bottles:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesics Page(s): 105; 111-113.

**Decision rationale:** The request for 1 prescription of Methoderm 2 bottles is non-certified. California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, gamma agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines and nerve growth factor). 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. Guidelines state topical salicylates are significantly better than placebo in chronic pain. The injured worker reported to his physician on 08/06/2014 there has been improvement in function since the previous examination. He does have complaints of lumbar spine with pain increasing with acute spasms on the lumbar paraspinal muscles. The request as submitted did not provide a frequency of the medication. The physician's rationale for the use of this medication was the injured worker was not taking oral narcotics. However, the use of this medication has been noted since 06/20/2014 with no indication of pain reduction or increased functionality raising concerns of efficacy. The request as submitted failed to provide the area of the body it was to be applied to. As such, the request is non-certified.

**One epidural steroid injection (ESI) at the left L4 and S1, and right L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI, Criteria for the use of Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The request for 1 epidural steroid injection (ESI) at the left L4 and S1, and right L5 is non-certified. California MTUS Guidelines for epidural steroid injections recommends this treatment for radicular pain. Most current guidelines recommend no more than 2 epidural steroid injections. Repeat blocks may be performed if objective documented pain reduction is at least 50% and functional improvement is noted along with associated reduction of medication use for six to eight weeks. The criteria for the use of epidural steroid injections note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker should be initially unresponsive to conservative treatment. On 05/05/2014, the physician noted the injured worker ambulated with a left antalgic gait. There was a positive left-side straight leg raise. The physician provided no efficacy for the procedure. The injured worker reported to his physician on 08/06/2014, there has been improvement in function since the previous examination. He does have complaints of lumbar spine with pain increasing with acute spasms on the lumbar paraspinal muscles. The injured worker's lumbar spine MRI performed on 11/14/2013 revealed L5 degenerative disc changes, disc bulging, and hypertrophic degenerative changes with resulting right lateral recess impingement and impingement of the descending right L5 nerve root. The electrodiagnostic studies performed to bilateral extremities; however, showed normal nerve conduction to those regions. While the imaging studies reveal nerve root involvement at L5, there was a lack of objective findings of radiculopathy on examination correlating with the requested left L4 and S1 and right L5 to meet guideline criteria for an epidural steroid injection. As such, the request is non-certified.