

Case Number:	CM15-0178695		
Date Assigned:	09/23/2015	Date of Injury:	09/20/2013
Decision Date:	11/03/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/10/2015

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 55 year old female, who sustained an industrial injury on 9-20-2013. Medical records indicate that the injured worker is undergoing treatment for low back pain, neck pain, knee pain, right upper extremity radicular pain, cervical uncovertebral hypertrophy and facet hypertrophy. The current work status was not identified. On (8-6-2015) the injured worker complained of low back pain, knee pain and increasing bilateral neck pain with spasms. The injured worker also noted anxiety and depression. Cervical spine examination revealed ninety percent of normal left rotation and eighty percent of normal right rotation with pain at the end of rotation. Extension was thirty percent of normal with pain. A Spurling's test was mildly positive on the left with radiation to the shoulder. Tenderness to palpation was noted over the left upper trapezius muscles. Sensation was intact to light touch over the cervical five and cervical seven dermatomes. Pain limited muscle testing (4+ to 5 out of 5) of the bilateral shoulders. Lumbar spine examination revealed a negative straight leg raise test bilaterally. Treatment and evaluation to date has included medications, MRI of the cervical spine, psychological testing, a home exercise program and acupuncture treatments. The MRI of the cervical spine was not submitted with the medical records. Current medications include Effexor, Anaprox, Protonix, Neurontin and Terocin topical solution. The injured worker was noted to prefer to use the Terocin lotion over the oral Anaprox because it does not irritate her stomach and she is able to perform activities of daily living (unspecified). The request for authorization dated 8-6-2015 includes request for a cervical seven-thoracic one epidural steroid injections under fluoroscopy and Terocin lotion 20 mg two bottles. The Utilization Review documentation dated 8-31-2015 non- certified the requests for a cervical seven-thoracic one epidural steroid injections under fluoroscopy and Terocin lotion 20 mg two bottles.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 cervical epidural steroid injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back chapter under Epidural steroid injections (ESIs).

Decision rationale: The 55 year old patient complains of lower back pain, neck pain and knee pain along with neck muscle spasms, as per progress report dated 08/06/15. The request is for C7-T1 cervical epidural steroid injection under fluoroscopy. The RFA for this case is dated 08/06/15, and the patient's date of injury is 09/20/13. Diagnoses, as per progress report dated 08/06/15, included increasing neck pain associated with left greater than right radicular pain, multilevel L3-4 to L5-S1 disc bulges, left medial knee pain, reactive depression, and anxiety. Medications included Effexor, Anaprox, Protonix, Neurontin, and Terocin solution. As per progress report dated 07/08/15, the low back pain is rated at 6/10, neck pain is rated at 5-6/10, and leg pain is rated at 4/10. The patient is retired, as per progress report dated 05/04/15. The MTUS Guidelines has the following regarding ESI under Epidural Steroid Injections (ESIs) section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, Neck and Upper back chapter under Epidural steroid injections (ESIs) state: Not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. These had been recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), with specific criteria for use below. In a previous Cochrane review, there was only one study that reported improvement in pain and function at four weeks and also one year in individuals with radiating chronic neck pain. In this case, a request for C7-T1 epidural injection "for pain management, to allow the patient to improve her sitting and neck rotation, as well as take less pain medications" is noted in progress report dated 08/06/15. In the same report, the treater states that patient has history of C6-7 unconvertable facet hypertrophy with mild-to- moderate canal narrowing, and bilateral moderate neural foraminal narrowing. The treater also states that the patient has C6 muscle weakness and radicular symptoms, and has never had an epidural in the past. In an appeal letter, dated 09/04/15 (after the UR denial date), the treater states the patient has cervical radiculopathy with weakness in bilateral shoulder ER/IR, elbow flexors and extensors, and concordant C6-7 mild-to-moderate canal narrowing and moderate NF narrowing with central stenosis". The treater also states that the patient continues to have radicular neck pain in spite of conservative care. While the treater documents radiculopathy at C6-7, there are no corroborating imaging studies available for review. Additionally, the current request is for ESI at the C7-T1 level. MTUS requires clear indication of radiculopathy during physical examination along with corroborating diagnostic evidence at the requested level

for ESI. Furthermore, ODG does not recommend cervical ESI due to “the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit.” Hence, the request is not medically necessary.

Terocin lotion 20 mg; two bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The 55 year old patient complains of lower back pain, neck pain, and knee pain along with neck muscle spasms, as per progress report dated 08/06/15. The request is for Terocin Lotion 20 mg; two bottles. The RFA for this case is dated 08/06/15, and the patient's date of injury is 09/20/13. Diagnoses, as per progress report dated 08/06/15, included increasing neck pain associated with left greater than right radicular pain, multilevel L3-4 to L5-S1 disc bulges, left medial knee pain, reactive depression, and anxiety. Medications included Effexor, Anaprox, Protonix, Neurontin, and Terocin solution. As per progress report dated 07/08/15, the low back pain is dated at 6/10, neck pain is rated at 5-6/10, and leg pain is rated at 4/10. The patient is retired, as per progress report dated 05/04/15. The MTUS chronic pain guidelines 2009, p111 and Topical Analgesics section on topical lidocaine states, "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). 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". MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Terocin lotion is first noted in progress report dated 03/20/15. It is not clear when the medication was initiated. As per progress report dated 08/06/15, the patient prefers to use Terocin lotion instead of oral Anaprox as it "does not irritate her stomach, and she is able to do her ADLs". As per progress report dated 06/12/15, medications reduce "her pain by greater than 50% in addition to allowing her to function more efficiently," especially with dressing herself and bathing. The treater, however, does not indicate where and how this topical is used. Additionally, Terocin contains Lidocaine and MTUS supports the use of this component only in the form of a patch. The Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hence, the request is not medically necessary.

