

<b>Case Number:</b>	CM15-0070186		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	08/12/2003
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66 year old woman sustained an industrial injury on 8/12/2003. The mechanism of injury is not detailed. Evaluations include a lumbar spine MRI dated 9/25/2013. Diagnoses include cervical radiculopathy, cervical spinal stenosis, lumbar facet arthropathy, lumbar radiculopathy, and coccyx fracture. Treatment has included oral medications, psychiatric treatment, home exercise program, and transforaminal epidural steroid injection to the lumbosacral spine. Physician notes dated 3/30/2015 show complaints of neck pain with radiation to the bilateal upper extremities and low back pain with radiation to the bilateral lower extremities rated 8-9/10 with intermittent weakness. Pain improves from 9 to 8 with medications. Patient also has complaints of headaches. Patient had reported lumbar epidural steroid injection done on 3/2014. Patient had reported "60%" improvement in pain and is "helpful". There is no documentation of any cervical or upper extremity exam in 6 months of progress notes reviewed. Patient had reported cervical epidural injection done in 11/2012 with no details of results documented. Recommendations include continuing the current home exercise program, urine drug screen, follow up with psychiatrist, cervical epidural steroid injection, renew current medications including Gabapentin, Lidocaine ointment, Norco, Omeprazole, Tizanidine, and Fiorinal, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C4-6 cervical epidural under fluoroscopy: 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 Epidural Steroid Injections(ESI) Page(s): 46.

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Patient does not even meet basic radicular criteria for CESI. There is no objective documentation or exam consistent with radicular pain. Patient has a diagnosis of cervical radiculopathy but provider has failed to document any neurological or motor exam of neck or upper extremities. There is no provided imaging or electrodiagnostic studies provided to support claim of radiculopathy. The lack of documentation fails criteria. 2) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for CESI except for pain management. There is no long term plan. Fails criteria. Patient fails multiple criteria for Cervical epidural steroid injection. Cervical epidural injection is not medically necessary.

**Norco 10-325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has been on this opioid therapy chronically and is also on Butrans. Patient has claims of "60%" improvement in pain with medication but patient's pain is still documented as 8/10 with medications. There is no documentation of any functional improvement. Documentation fails to document any benefit on continued norco therapy. Norco is not medically necessary.

**Lidocaine 5% ointment #2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm(lidocaine patch) Page(s): 56-57.

**Decision rationale:** Only Lidoderm patch is FDA approved for topical application. This prescription is for a compounded topical product. As per MTUS chronic pain guidelines, Lidocaine is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain such as patient's diagnosis of radiculopathy. It may be considered after failure of 1st line treatment. There is no documentation of failure of 1st line medications. There is no documentation of where this patch is to be used. The use of a non-FDA approved formulation of lidocaine along with failing to meet criteria for use of lidocaine as per MTUS guidelines means that Lidocaine ointment is not medically necessary.