MAXIMUS Federal Services

Case Number:	CM13-0046021		
Date Assigned:	12/27/2013	Date of Injury:	07/27/2009
Decision Date:	03/16/2015	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 56 year old male sustained a work related injury on 07/27/2009. According to an Appeal letter dated 11/15/2013, the injured worker had a current diagnosis to include L4-5 and L5-S1 degenerative spondylosis with left L5 radiculopathy relieved with epidurals, status post bilateral inguinal hernia repair with residuals and ilioinguinal neuralgia from a separate claim. His current medications included Terocin and Norco. According to the provider, a physical exam dated 10/25/2013 showed that lumbar flexion was 70 degrees, extension 10 degrees with low back pain. There was positive bilateral lumbar facet loading with reproduction of concordant pain. There was tenderness over the lower lumbar facets and paraspinal musculature. He had full strength in the lower extremities. There was decreased sensation in the left foot. There was positive left and negative right straight leg raise. There were intact and symmetric bilateral patellar and Achilles DTRS. According to the provider there was facet arthropathy on MRI. An epidural steroid injection was noted to have relieved his leg pain for more than 10 months. It did not help axial pain though he does have a history of radiculopathy. This was not his primary pain generator and his radiculopathy had mostly resolved and his current symptoms were related to his facet joints. On 11/01/2013, Utilization Review non-certified outpatient bilateral L3-4, L4-5 and L5-S1 intraarticular facet injection and pharmacy purchase of Terocin two bottles 120g. Guidelines cited included CA MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT BILATERAL L3-4, L4-L5, AND L5-S1 INTRAARTICULAR FACET INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Low Back, Topic: Facet Joint intra-articular injections

Decision rationale: With regard to facet injections, ODG guidelines indicate there is no support in the literature for the routine use of imaging studies to diagnose lumbar facet mediated pain. Studies have been conflicting in regard to CT and/or MRI evidence of lumbar facet disease and response to diagnostic blocks or neurotomy. Degenerative changes in facets identified by CT do not correlate with pain and are part of the natural degenerative process. ODG guidelines also indicate presence of tenderness to palpation in the paravertebral areas over the facet region, predominantly axial low back pain, and absence of radicular findings in a dermatomal distribution although pain may radiate below the knee. These are the suggested indicators of pain related to facet joint pathology. ODG guidelines state that there is overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections. The facet joint injections are described as injections of a steroid combined with an anesthetic agent into the facet joint under fluoroscopic guidance to provide temporary pain relief. They are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial.

PHARMACY PURCHASE OF TEROCIN, TWO BOTTLES OF 120G: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical analgesics Page(s): 111, 28.

Decision rationale: California MTUS guidelines indicate that topical analgesics are largely experimental in use 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. With regard to Terocin, it is a compounded topical agent which contains methyl salicylate, capsaicin, and lidocaine. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Per Script sheet of 10/25/2013 the injured worker was prescribed Anaprox, Protonix, cyclobenzaprine, Lexapro, Orudis, Effexor, Neurontin, tramadol and Doral. Documentation does not indicate intolerance to these agents. He was also on Norco and Zanaflex. Therefore Capsaicin is not recommended. The guidelines also state if one of the drugs in a compounded preparation is not indicated, the

entire preparation is not indicated. As such, the request for Terocin is not supported and the medical necessity is not substantiated.