

<b>Case Number:</b>	CM13-0019623		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Oklahoma and Texas. 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 physician 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 patient is a 44-year-old female who reported an injury on 10/13/2008. The mechanism of injury was not provided. The patient was noted to undergo a positive diagnostic right sacroiliac joint injection, which provided 100% relief in the right buttock and the right sacroiliac joint pain greater than 2 hours. The patient was noted to have positive right sacroiliac joint provocative maneuvers including the Patrick's and the Gaenslen's test. The patient was noted to have failed physical therapy and conservative treatment. The patient's diagnoses were noted to include chronic low back pain with radicular pain, chronic right gluteus medius strain, right greater trochanteric bursitis, right hip arthritis, and an element of depression, stress, and sleep issues. The request was made for Exalgo 16mg, Norco 10/325 mg, and a fluoroscopically guided diagnostic right sacroiliac joint radiofrequency nerve ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically guided diagnostic right sacroiliac joint radiofrequency nerve ablation:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Sacroiliac joint radiofrequency neurotomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Sacroiliac joint radiofrequency neurotomy

**Decision rationale:** The Physician Reviewer's decision rationale: The Official Disability Guidelines do not recommend a sacroiliac joint radiofrequency neurotomy. The patient was noted to have failed physical therapy and to have a positive diagnostic block with 100% relief in the right buttock and the right sacroiliac joint pain greater than 2 hours. On examination, the patient was noted to have positive right sacroiliac joint provocative maneuvers including the Patrick's and the Gaenslen's test. The patient was noted to have failed physical therapy and conservative treatment. However, there was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. Given the above, the request for fluoroscopically guided diagnostic right sacroiliac joint radiofrequency nerve ablation, level not provided, is not medically necessary.

**Norco 10/325 mg:** 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 Norco,Ongoing Management Page(s): 75,78.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's. Additionally, it failed to provide the quantity being requested. Given the above, the request for Norco 10/325 mg is not medically necessary.

**Exalgo 16mg:** 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 Exalgo, Hydromorphone, ongoing management Page(s): 75,78.

**Decision rationale:** The Physician Reviewer's decision rationale: Exalgo extended-release tablets are for around-the-clock treatment of moderate to severe pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's. Additionally, it was noted the patient had stopped the medication. There was a lack of a quantity being requested. As such, the request for Exalgo 16mg is not medically necessary.

