

Case Number:	CM13-0020601		
Date Assigned:	10/11/2013	Date of Injury:	08/12/2008
Decision Date:	01/30/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/05/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 50 year old female who is employed as a program specialist. On 8/12/08 she tripped and fell in a hallway while walking to set up a conference. She fell forward landing on her hands and knees. The injury was reported to her employer on the date of injury. A few days later she was examined. Eventually x-rays were obtained. She does not recall if she was diagnosed with fractures. She was treated with a knee brace and medications. She was evaluated by [REDACTED] in 2009 or 2010. She had an Agreed Medical Evaluation in 2010 with [REDACTED]. MRIs were obtained of the lumbar spine, both knees, and left ankle. [REDACTED] indicated that the patient was permanent and stationary regarding the left ankle, but not the bilateral knees or lumbar spine. He recommended a lumbar epidural steroid injection to see if this would diminish the patient's right lower extremity symptoms. He felt the patient could return to work with restrictions. He stated that viscosupplementation for the left knee symptoms was appropriate as well as a TENS unit for the left knee. For the right knee, he felt the patient should undergo arthroscopic knee surgery as [REDACTED] had recommended. He also felt that a right total knee replacement was appropriate. The patient underwent right knee surgery twice, more recently in 2011 by [REDACTED]. She has received care with [REDACTED] for the past year. The patient has gained 60 pounds since the date of her injury due to inactivity. The patient presented for initial evaluation on 9/17/12 with complaints of constant low back pain, worse with walking and sitting, improved by lying down, using ice, heat and taking pain medication. She complained of constant right knee pain, worse with movement and walking. The patient complained of left knee pain which was constant with movement. She also complained of occasional pain in the left ankle, worse with walking associated with instability as well as swelling. She also complained of sleepi

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural joint injection Page(s): 46.

Decision rationale: The guidelines state that invasive techniques (for example: local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The guidelines further state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no support for a sacroiliac joint injection based on the report submitted with only tenderness noted over the sacroiliac joints. Conservative care specifically for sacroiliac joint dysfunction was not documented. Therefore, the requested bilateral sacroiliac joint injections are not medically necessary.

Percocet 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-86.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Percocet (acetaminophen and oxycodone) is a short-acting opioid. Percocet, also known as a "normal-release" or "immediate-release" opioid, is seen as an effective method in controlling chronic pain. It is often used for intermittent or break through pain. The combination of acetaminophen and oxycodone limits the upper dosing limits of Percocet, due to adverse effects of acetaminophen. Prior to discontinuing opioids, it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule. This patient is already on McContin 30 mg and Ultram (a synthetic opioid). The requested Percocet is not medically necessary at this time.

Voltaren gel (5 tubes): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: According to the Chronic Pain Medical Treatment guidelines, FDA-approved Voltaren® Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). Since this patient has knee and ankle injuries, the requested Voltaren gel is medically necessary.