

Case Number:	CM13-0023469		
Date Assigned:	04/25/2014	Date of Injury:	06/07/2002
Decision Date:	08/19/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/12/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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/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:

This is a female patient with a date of injury of June 7, 2002. A utilization review determination dated August 7, 2013 recommends non-certification of Vicodin ES 7.5 /750 mg Q ID PRN #120 with modification to #75 because of lack of a pain contract, and recommends non-certification of a left sacroiliac radiofrequency ablation. A progress note dated July 15, 2013 identifies subjective complaints of ongoing low back pain especially on the left side, left hip pain, a pain level of 8/10, and daily walking despite the pain. Physical examination identifies a positive Gaenslen, March, and Gilett tests on the left side. The patient is currently taking Vicodin ES one tablet QID as needed for pain it appears that the patient was explained potential side effects of medication and risks and there is discussion of the narcotic agreement. Diagnoses include left sacroiliac joint pain and dysfunction, right sacroiliac joint pain, status post lumbar fusion with SI joint repair done July 26, 2012, lumbar degenerative disc disease, lumbar radiculopathy, right hip avascular necrosis, and left hip avascular necrosis. The treatment plan recommends a random urine drug screen to be done on the date visit, request for authorization for a left sacroiliac joint radiofrequency procedure, and a follow-up in 2 1/2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/750 MG, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE (VICODIN, LORTAB)) Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Vicodin ES, California Pain Medical Treatment Guidelines state that Vicodin ES is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Vicodin ES is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS). The request for Vicodin ES 7.5/750 MG, 120 count is not medically necessary or appropriate.

Left sacroiliac radiofrequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PULSED RADIOFREQUENCY TREATMENT (PRF) Page(s): 102.

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

Decision rationale: Regarding the request for left sacroiliac radiofrequency ablation, California MTUS does not address the issue. ODG states that the procedure is not recommended. The use of all of these techniques has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear, and there is also controversy over the correct technique for radiofrequency denervation. They also note that a recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure. The request for left sacroiliac radiofrequency ablation is not medically necessary or appropriate.