

Case Number:	CM13-0032250		
Date Assigned:	12/11/2013	Date of Injury:	10/14/2009
Decision Date:	03/17/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/07/2013

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 Anesthesiology, 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 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.

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 60-year-old female with a 10/14/09 date of injury. At the time of request for authorization for bilateral SI joint injections and 1 supply of the topical compound flurbiprofen/ gabapentin/ lidocaine, there is documentation of subjective (pain in her right SI joint described as constant, aching, sharp, and throbbing) and objective (Faber test is positive, Pelvic Compression test is positive, positive pelvic shear test, and Stork test is positive) findings, current diagnoses (sprain and strain of sacroiliac and lumbosacral spondylosis without myelopathy), and treatment to date (physical therapy, medication, acupuncture, injections, and home exercise program). 8/28/13 medical report indicates that the patient received bilateral sacroiliac joint injections in the past and received at least 50-70% improvement in her sacroiliac joint pain. There is no documentation of at least >70% pain relief obtained for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI joint injections: 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 (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, SI Joint Injection.

Decision rationale: The Physician Reviewer's decision rationale: MTUS reference to ACOEM guidelines identifies that invasive techniques are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. ODG identifies documentation of at least >70% pain relief obtained for 6 weeks, that 2 months or longer have elapsed between each injection, and that the injection is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of repeat SI joint injection. Within the medical information available for review, there is documentation of previous bilateral sacroiliac joint injections, that 2 months or longer have elapsed between each injection, and that the injection is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. However, despite documentation of a rationale that the patient received at least 50-70% improvement in her sacroiliac joint pain, there is no documentation of at least >70% pain relief obtained for 6 weeks. Therefore, based on guidelines and a review of the evidence, the request for bilateral SI joint injections is not medically necessary.

topical compound flurbiprofen/gabapentin/lidocaine: Upheld

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): 111-113.

Decision rationale: The Physician Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of sprain and strain of sacroiliac and lumbosacral spondylosis without myelopathy. However, the requested topical compound flurbiprofen/gabapentin/lidocaine contains at least one drug (lidocaine (in creams, lotion or gels) and gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 1 supply of the topical compound flurbiprofen/gabapentin/lidocaine is not medically necessary.