

<b>Case Number:</b>	CM13-0045901		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/13/2009
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 59-year-old female with a date of injury on 05/13/09 from a trip and fall episode. The mental/physical, lower back area, right upper leg, right knee, right hip claims have been accepted by the carrier. The patient's diagnoses include: lumbar spinal stenosis; lumbar spine radiculopathy; right hip bursitis; right hip chondromalacia; right knee internal derangement, clinically; right knee osteoarthritis right sacroiliac dysfunction ; right femoral bursitis ; right hip/pelvic pain; chronic pain syndrome; chronic pain-related insomnia ; myofascial syndrome; neuropathic pain. Prior diagnostic studies have included: A 06/15/10 MRI (magnetic resonance imaging) of the right knee revealed a mild intrameniscal degeneration involving the mid and posterior horn of the medial meniscus. A 06/15/10 MRI of the right hip was unremarkable. A 05/18/11 MRI of the right knee revealed degenerative changes and post-op meniscal findings. Small focal bone bruises and soft tissue changes from recent trauma. A 05/08/12 electrodiagnostic results- revealed normal EMG (electromyogram) /NCS (nerve conduction study) of lower extremities. A 05/25/12 MRI of L-spine revealed L4-5 mild generalized annular bulge with mild disc desiccation at L3-4 and L4-5. A 10/28/13 pain management re-evaluation and treatment plan authorization request reveals that the patient complains of right hip and buttock pain that refers down the right leg. The patient's pain with medication is 6/10, without medications it is 8-9/10. Her pain has averaged 7/10 over the preceding week. (0 being no pain and 10 being the worst pain imaginable. UDS (urine drug screen) September 30, 2013 was negative. Physical examination revealed that the patient has palpatory tenderness over the right hip and sacro-iliac joint. Gaenslen's test positive, Iliac compression test positive, Yeoman's test positive all on the right. The discussion portion of this document stated that the sacroiliac injection can be diagnostic as well as therapeutic and can give good information for the direction

that treatment should take. A 9/30/13 office note states that the exam findings are consistent with a right sacroiliitis and right femoral trochanteric bursitis with exquisite tenderness over the right SI (sacroiliac) joint and severe point tenderness over the greater trochanteric bursa and right hip. She was unable to perform a Patrick's on the right. A right SI joint and right greater trochanteric bursa injection were recommended. A 9/30/13 office note also noted that the patient was told she has "tear in the hip." A MRI of the lower extremity from 11/2/12 is reviewed and this showed mild right hip chondromalacia with degenerative tearing anterior labrum and moderate right sacroiliac joint osteoarthritis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Random urine drug screens, 6 to 9 a year, QTY: 9.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, steps to avoid misuse/addiction and Section Drug testing Page(s): 94-95, 43.

**Decision rationale:** Random urine drug screens, 6 to 9 a year, QTY: 9.00 is not medically necessary per the MTUS guidelines. The guidelines recommend frequent urine toxicology screen as an option for the presence of illegal drugs in particular for high risk patients. The patient was authorized one initial urine screen already. The 9/30/13 urine drug screen was consistent. There is no documentation suggesting illicit drug use or high risk behavior. The request for 6-9 urine drug screens a year is not medically appropriate or necessary without evidence of aberrant behavior.

**One-time saliva testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Cytokine DNA Testing for Pain Page(s): 42,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain(chronic): Genetic testing for potential opioid abuse.

**Decision rationale:** One-time saliva testing is not medically necessary per the MTUS and Official Disability Guidelines (ODG). The MTUS states that there is no current evidence to support the use of cytokine DNA (Deoxyribonucleic acid) testing for the diagnosis of pain, including chronic pain. Similarly the ODG does not recommend genetic testing for chronic pain. The documentation indicates that the request for one-time saliva testing was to assess the patient's predisposition, if any, to prescription narcotic addiction/dependence. The ODG states that while there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. The ODG states that the studies for this are inconsistent, with inadequate statistics and large phenotype range.

**Right sacroiliac joint injection under fluoroscopy, QTY: 1.00: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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, Criteria for the use of sacroiliac blocks.

**Decision rationale:** A right sacroiliac joint injection under fluoroscopy, quantity 1 is medically necessary per the Official Disability Guidelines (ODG). The MTUS does not specifically address sacroiliac joint injections. The ODG guidelines recommend 3 positive exam findings for sacroiliac dysfunction as well as a history suggesting the diagnosis of sacroiliac dysfunction. Additionally the imaging studies reveal sacroiliac dysfunction. The document dated 10/28/13 reveals palpatory tenderness over the right hip and sacro-iliac joint. Gaenslen's test positive, Iliac compression test positive, Yeoman's test positive all on the right. A 9/30/13 document revealed that a Patrick test was too difficult to perform for the patient. Additionally, the ODG states that sacroiliac injections are an option after aggressive conservative therapy has failed after 4-6 weeks. The documentation does state that the patient has had medication management and therapy for her condition. Furthermore, there has been diagnostics of other possible pain generators. The patient has met the recommended criteria for a use of a sacroiliac block and therefore the request for a right sacroiliac joint injection under fluoroscopy is medically necessary and appropriate x 1.

**Right greater trochanter bursa injection, QTY: 1.00: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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, Trochanteric bursa injection.

**Decision rationale:** Right greater trochanter bursa injection, QTY: 1.00 is medically necessary per Official Disability Guidelines (ODG). The MTUS is silent on the issue of greater trochanter injections. The prior request of a right greater trochanter bursa injection under flourosocopy was modified to this request which is a right greater trochanger bursa injection (without floursocopy). This injection for which flourosocopy is not needed is medically appropriate and necessary in this patient with documented trochanteric pain. The ODG states that for trochanteric pain, a corticosteroid injection is safe and highly effective and single corticosteroid injection often provides satisfactory pain relief. The request for one right greater trochanter bursa injection is medically necessary and appropriate.

**Keto/Gabapentin/Lidocaine 240gms: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-113.

**Decision rationale:** Keto/Gabapentin/Lidocaine 240gms is not medically necessary per the MTUS guidelines. Per the MTUS Chronic Pain Guidelines, topical analgesics and topical compounds are largely experimental. Both Gabapentin and Ketoprofen are specifically not recommended by the MTUS for topical use. When one ingredient in the compound is not endorsed the entire compound is not recommended per the MTUS. The proposed Keto/Gabapentin/Lidocaine 240gms is not medically necessary or appropriate.