

<b>Case Number:</b>	CM14-0005193		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Emergency Medicine, and is licensed to practice in New York. 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:

The patient is a 28-year-old male who was injured on January 21, 2013. He sustained a burn when his foot went into a pan of hot oil. He developed cellulitis, which required debridement and homograft to the left foot. The patient continued to experience pain in his low back and left ankle. Physical examination was notable for bilateral positive straight leg raises, normal lower extremity motor strength, right sciatic notch tenderness, right sacroiliac joint tenderness, and decreased sensation in the L5/S1 dermatomes. Diagnoses included lumbar radiculitis, thoracic radiculitis, sacroiliac ligament sprain/strain, lumbar myofascial pain, and burn/epidermal loss left foot. Treatment included; home exercise program, aquatherapy, and medications. Requests for authorization for consultation and treatment with spine specialist for possible sacroiliac block versus sciatic block, pain management and consultation for reflex sympathetic dystrophy, and flurbiprofen, baclofen, cyclobenzaprine, gabapentin, and Lidocaine were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULTATION AND TREATMENT WITH A SPINE SPECIALIST FOR POSSIBLE SACROILIAC JOINT BLOCK VS SCIATIC BLOCK QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: Sacroiliac joint blocks, and UpToDate: Peripheral Nerve Block: Techniques.

**Decision rationale:** Sacroiliac joint blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. Sacroiliac (SI) dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the sacroiliac (SI) joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the sacroiliac (SI) joint. Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction. These include Cranial Shear Test, Extension Test, Flamingo Test, Fortin Finger Test, Gaenslen's Test, Gillet's Test (One Legged-Stork Test), Patrick's Test (FABER), Pelvic Compression Test, Pelvic Distraction Test, Pelvic Rock Test, Resisted Abduction Test (REAB), Sacroiliac Shear Test, Standing Flexion Test, Seated Flexion Test, and Thigh Thrust Test (POSH). Imaging studies are not helpful. It has been questioned as to whether SI joint blocks are the "diagnostic gold standard." The block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. There is limited research suggesting therapeutic blocks offer long-term effect. Sacroiliac blocks should be used in the history and physical should suggest the diagnosis (with documentation of at least three (3) positive exam findings as listed above) and diagnostic evaluation must first address any other possible pain generators. In this case the diagnosis of sacroiliac joint dysfunction has not been clearly established. Criteria have not been met for the use of sacroiliac joint block. Sciatic nerve block is indicated for complete anesthesia below the knee. There is no indication for this procedure. Neither of the procedures is indicated. Therefore, referral to spine specialist for these procedures is not medically necessary.

#### **PAIN MANAGEMENT CONSULTATION AND TREATMENT FOR RSD (REFLEX SYMPATHETIC DYSTROPHY SYNDROME) LEFT FOOT/ANKLE QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, , 35-37

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diagnostic Criteria for Complex Regional Pain Syndrome (CRPS), Page(s): 36. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Evaluation of Chronic Pain in Adults

**Decision rationale:** Many patients with chronic pain may be managed without specialty referral. Patients may require referral to a pain specialist for the following reasons: Symptoms that are debilitating, Symptoms located at multiple sites, Symptoms that do not respond to initial therapies, and Escalating need for pain medication. In this case the referral was requested for

reflex sympathetic dystrophy also known as complex regional pain syndrome (CRPS). Documentation in the medical record does not support the diagnosis of CRPS. There is no documentation of vasomotor changes, trophic changes, evidence of hyperalgesia, or motor weakness. In this case pain management consultation is not medically necessary.

**FLURBIPROFEN 20%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, GABAPENTIN 6%, LIDOCAINE 2.5%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- COMPOUNDED TOPICAL PRODUCTS, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112.

**Decision rationale:** This medication is a compounded topical analgesic containing, flurbiprofen, baclofen, cyclobenzaprine, gabapentin, and lidocaine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Baclofen is a muscle relaxant used orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is not recommended as a topical agent. Cyclobenzaprine is a muscle relaxant. It is not recommended as a topical agent. Gabapentin, an antiepileptic drug, is not recommended. There is no peer-reviewed literature to support use. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only Food and Drug Administration (FDA) approved for the treatment of post-herpetic neuralgia. In this case there is no documentation that the patient has failed trial with antidepressant or antiepileptic drug. Lidocaine is not recommended. Because this medication contains drugs that are not recommended, it cannot be recommended. This request is not medically necessary and appropriate.