MAXIMUS Federal Services

Case Number:	CM14-0011453		
Date Assigned:	02/21/2014	Date of Injury:	05/24/2006
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 injured worker is a 38-year-old female who reported an injury on May 24, 2006. The mechanism of injury was the injured worker was walking through a store and looking for merchandise to purchase for a client when she slipped on fluid that was on the floor and landed on the linoleum on her left side. The injured worker's medications included Norflex #60, Lyrica 75 mg, and Vicodin 5/5 as of August of 2013. The documentation of January 6, 2014 revealed the injured worker's pain was 10/10 without medications and 8/10 with medications due to the cold weather. The injured worker indicated she was able to get out of bed and dress herself. The documentation indicated the Lyrica reduced the injured worker's sacroiliac joint pain and the frequency of the thoracic outlet syndrome neurologic symptoms. The injured worker denied nausea, vomiting, or constipation. The injured worker was taking Vicodin 5 mg three to four subclavian vein compression, status post left ankle arthroscopy on November 28, 2010, and lumbar musculoligamentous sprain and strain. The treatment plan included a left sacroiliac joint rhizotomy and medications, as well as physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ULTRAM 50MG #120: 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, OPIOIDS FOR CHRONIC PAIN,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, and an objective decrease in pain and evidence the patient is being monitored for aberrant drug behavior and side effects. The duration of use was noted to be greater than four months. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. The request for one prescription of Ultram 50mg, 120 count, is nto emdically necessary or appropriate.

1 PRESCRIPTION OF LYRICA 150MG #60: 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, PREGABALIN (LYRICA),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend anti-epileptic medications as a first line medication for the treatment plan of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The duration of use was greater than 4 months. The clinical documentation indicated the medication reduced the severity and frequency of thoracic outlet syndrome neurologic symptoms and it was indicated that with the medications, the injured worker could get out of bed and dress herself. However, the request as submitted failed to indicate the frequency for the requested medication.The request for one prescription of Lyrica 150mg, sixty count, is not medically necessary or appropriate.

1 RHIZOTOMY TO THE LEFT SACROILIAC JOINT: 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 Chapter, Sacroiliac joint radiofrequency neurotomy

Decision rationale: The Official Disability Guidelines indicate that a sacroiliac joint radiofrequency neurotomy/rhizotomy is not recommended. There was a lack of documentation

of exceptional factors to warrant non-adherence to Guideline recommendations. The request for one rhizotomy to the left sacroiliac joint is not medically necessary or approprite.