

<b>Case Number:</b>	CM14-0015098		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Orthopaedic Surgery 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:

The injured employee is a 52-year-old gentleman who states that he sustained a work related injury on February 18, 2009, when he was role-playing. Another employee had jumped on his right leg and hip during and exercise. The injured employee complained of a sudden onset of right hip pain radiating to his right knee. Subsequent treatment has included a right hip total hip replacement on April 7, 2010, as well as a right-sided carpal tunnel release on June 1, 2011, and right shoulder surgery in May 2011. The claimant also has a history of a left leg below the knee amputation and uses a prosthesis as a result of a motorcycle accident in 1981. The injured employee had a subsequent fall on June 13, 2013, when his prosthesis broke. This fall resulted in a left greater trochanteric fracture. There was a known history of a neuroma to the left stump. The most recent visit was dated February 27, 2014, in the injured employee complained of headaches, jaw pain, bilateral shoulder pain, neck pain, low back pain, left hip pain, and left stump pain. This pain was rated at 4 to 8/10. The physical examination on this date noted hypersensitivity of the left stump and decreased sensation to the anterior aspect of both thighs. There is limited range of motion of the neck and low back due to pain. There is a plan for physical therapy and oxycodone was prescribed. Current medications appear to also include Percocet, Amrix, Anprolene, Cymbalta, Gralise, Prilosec, Ambien, Lunesta, and Viagra. A previous independent medical review was conducted on January 10, 2014, which certified a request for Cymbalta, Viagra, Pamelor, Gralise, and Percocet. A request for a left sided sacroiliac joint injection was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PRESCRIPTION OF PAMELOR 10MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants (for Chronic Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** According to the California Medical Treatment Utilization (CAMTUS) guidelines, the use of Pamelor is recommended as a first-line option for neuropathic pain. After a professional and thorough review of the documents, my analysis is that the above listed request for Pamelor is not medically necessary. The attached medical record indicates that the injured employee is already prescribed Cymbalta for neuropathic pain with a 50% improvement of his pain with that medication. There is no indication that an additional antidepressant medication is warranted for the same treatment. Therefore, continued use of Pamelor is not medically necessary.

**ONE LEFT SACROILIAC JOINT INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG); Low Back - Lumbar & Thoracic (Acute and Chronic), Sacroiliac joint injections (SJI)

**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 (Acute and Chronic)

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) guidelines do not address sacroiliac joint injections. Alternatively the Official Disability Guidelines, Hip and Pelvis (Acute and Chronic) was consulted. The Official Disability Guidelines only recommend sacroiliac joint injections for those patients, which have failed 4 to 6 weeks of aggressive conservative treatment, which would include physical therapy, home exercise, and medication. These guidelines further state that a diagnosis of sacroiliac joint pain must be confirmed by three positive physical examination findings. The medical record does not indicate positive physical examinations for sacroiliac joint pain but rather only mentions tenderness to the sacroiliac joint. Furthermore, the most recent for physical examinations do not even address the left hip region. Therefore, this request is not medically necessary.