

Case Number:	CM14-0120462		
Date Assigned:	08/06/2014	Date of Injury:	04/18/2007
Decision Date:	09/17/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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 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 worker is a 61-year-old male with a reported injury on 04/18/2007. The mechanism of injury was when the injured worker slipped after lifting a ladder and hurt his sacroiliac joint and lumbar spine. The diagnoses include myofascial pain syndrome and lumbar spine strain. The injured worker has had previous treatment with medications, physical therapy, and has had previous facet injections at least twice, electrical TENS unit stimulation, chiropractic therapy, and acupuncture. The efficacy of those prior treatments was not provided. The injured worker had an examination on 07/15/2014 for an examination before medial branch block with a pain level of 5/10, which remained a 5/10 following the block. The injured worker had pain in the sacroiliac joint with numbness of the back. The injured worker did have tenderness and decreased strength and reflexes. The medication list consisted of omeprazole, Neurontin, and Voltaren XR. The recommended plan of treatment is to refill his medications and to request the SI joint injection. The Request for Authorization for the Voltaren was signed and dated for 06/17/2014 and the Request for Authorization for the injection was signed and dated for 07/15/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis, Sacroiliac joint blocks.

Decision rationale: The request for the bilateral sacroiliac joint injections is not medically necessary. The California MTUS/ACOEM Guidelines do not address this request. The Official Disability Guidelines recommend sacroiliac joint blocks as an option if failed at least 4 to 6 weeks of aggressive conservative therapy. The injured worker has had previous treatments of acupuncture, chiropractic therapy, and physical therapy, but the results were not provided. There was no evidence that those therapies have failed. There was a lack of documentation of functional deficits and/or improvements. There was a lack of improvement of pain following a previous block. The Official Disability Guidelines also do recommend a sacroiliac joint block if there is a history and physical that suggests diagnosis with at least 3 positive examinations of spinal stenosis and facet arthropathy. There fails to be documentation of evidence of a diagnosis of spinal stenosis or of facet arthropathy. Furthermore, the blocks are to be performed under fluoroscopy. The request does not specify the use of fluoroscopy. The need for bilateral sacroiliac joint injections was clearly not demonstrated in the submitted documentation. There is a lack of evidence for the medical necessity of the bilateral sacroiliac joint injections. Therefore, the request for the bilateral sacroiliac joint injections is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The request for omeprazole 20 mg is not medically necessary. The California MTUS Guidelines recommend a PPI medication for the determination if the patient is at risk for gastrointestinal events, such as being over the age of 65, a history of peptic ulcer, GI bleed or perforation, the concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose or multiple doses of NSAIDs. There is a lack of evidence that the injured worker has had a history of GI bleeding, perforation, or peptic ulcer. There is not any evidence that there is concurrent use of aspirin, corticosteroids, and/or anticoagulant. There is no evidence that the injured worker is on high doses or multiple doses of NSAIDs. Furthermore, the injured worker

does not complain of any gastrointestinal issues, such as nausea, vomiting, diarrhea, or constipation. There is a lack of evidence to support the medical necessity of omeprazole without further evaluation and assessment. The clinical information fails to meet the evidence-based guidelines for the request. Furthermore, the request does not specify directions as far and frequency and duration. Therefore, the request is not medically necessary.

Voltaren XR 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: The request for Voltaren XR 100 mg is not medically necessary. The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug (or drug class) that is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine their efficacy or safety. Voltaren is a non-steroidal anti-inflammatory agent and the efficacy of NSAIDs in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Indications for topical NSAIDs are osteoarthritis and tendonitis; in particular, that of the knee and the elbow or other joints amenable to topical treatment. Recommended use is for 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulders. Voltaren gel is indicated specifically for the relief of osteoarthritis pain. Maximum dose should not exceed 32 gm per day. There is a lack of evidence that the injured worker has osteoarthritis and/or tendonitis. There is evidence that this medication has been used for longer than 3 months, which is over the recommended short term use of 4 to 12 weeks. There has not been efficacy provided. Furthermore, there is a lack of directions to specify frequency, duration, and the place as to where the gel is to be applied. The clinical information fails to meet the evidence-based guidelines for the request. Therefore, the request for Voltaren XR is not medically necessary.