

Case Number:	CM14-0169872		
Date Assigned:	10/20/2014	Date of Injury:	03/28/2014
Decision Date:	11/20/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 46 year old female who sustained a work injury on 3-28-14. The claimant had an MRI on 7-28-14 that showed degenerative changes contributing to mild canal stenosis at L3-L4 and Subarticular zone stenosis at L4-L5 with mild foraminal narrowing at L3-L4, L4-L5 and L5-S1. Office visit on 9-23-14 notes the claimant has low back pain. On exam, the claimant had tenderness to palpation, negative SLR, strength is 5/5 and symmetric sensation and reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 joint injections times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration

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 chapter - sacroiliac joint blocks

Decision rationale: ODG notes that Criteria for the use of sacroiliac blocks: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as

listed above).2. Diagnostic evaluation must first address any other possible pain generators.3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management.4. Blocks are performed under fluoroscopy. (Hansen, 2003)5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed.6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period.7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks.8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block.9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. There is an absence in documentation noting physical exam findings to support a diagnosis of sacroiliac joint pain. Other pain generators have not been ruled out. Her MRI shows spinal stenosis at L3-L4 and L4-L5. Therefore, the medical necessity of this request is not established.

Cream - Ketoprofen 5%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2% - possible addition of Menthol 2%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant failed first line of treatment or that he cannot tolerate the oral medications that are being prescribed. Therefore, the medical necessity of this request was not established.

Gralise Starter Pack 600 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti epileptic Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - anti epileptic

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that anti-epileptics are recommended for neuropathic pain. There is an absence in documentation

noting that this claimant has objective findings of radiculopathy on exam or that she has neuropathy. Therefore, the medical necessity of this request is not established.

Tramadol 50 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid analgesic Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - Tramadol

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting the claimant has failed first line of treatment or that she requires opioids at this juncture. Therefore, the medical necessity of this request is not established.