

Case Number:	CM14-0020334		
Date Assigned:	04/25/2014	Date of Injury:	10/01/2013
Decision Date:	07/07/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/19/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

Dianna Turnquist is a who sustained a work-related injury on October 1, 2013. Subsequently the patient developed that the chronic low back pain. The patient was treated to with the Neurontin, Lortab, Zanaflex and Soma. The patient was also started on chiropractic care. According to a note dated on December 4, 2013, the provider reported that the patient's symptoms improved since being off work. The provider also reported that the patient have minimal benefit from her medications. However he does not give objective documentation of medications failure. The duration of medications treatment was not mentioned. The provider reported the level the patient was not able tolerate the pill form of Lortab. The patient was complaining to of aching, burning, stabbing and shooting sensation in her legs and feet. Her pain improved with sitting or lying down and worsened with activity. In addition to medications, the patient tried heat packs and ice packs. Her physical examination demonstrated the lumbar tenderness with reduced range of motion, and decreased sensation in the right L5 distribution. There was a positive Faber bilaterally. Her lumbar MRI showed L1-L2 central stenosis. The provider mentioned 19 medications currently taken by the patient. The patient was diagnosed with bilateral sacroiliitis and right lumbar radiculopathy. The provider requested authorization for Lidopro patch and bilateral sacroiliac injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO (CAPSAICIN, LIDOCAINE, MENTHOL, AND METHYL SALICYLATE):
Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Furthermore, there is no objective documentation of failure or intolerance of first line oral medications for the treatment of pain. The patient was tried on Neurotin 600 bid which is a not the maximum dose approved for pain management. Based on the above Lido Pro is not medically necessary.

BILATERAL SI JOINT INJECTION WITH FLUOROSCOPY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1. the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. There is no documentation that the patient failed aggressive conservative therapies for at least 4 to 6 weeks. There is no documentation that the SI is the main pain generator and that other pain generator locations have been excluded. Therefore, the requested for Bilateral SI injection under fluoroscopy injection is not medically necessary.