MAXIMUS Federal Services

Case Number:	CM14-0024590		
Date Assigned:	06/25/2014	Date of Injury:	10/04/2001
Decision Date:	07/30/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/26/2014

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 Occupational 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:

The applicant has filed a claim for chronic low back reportedly associated with an industrial injury of October 4, 2001. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; long and short-acting opioids; one prior sacroiliac (SI) joint injection; and transfer of care to and from various providers in various specialties. In a February 21, 2014 utilization review report, the claims administrator partially certified a request for Naprosyn, partially certified a request for fentanyl and denied a repeat SI joint injection with associated piriformis injection and trochanteric injection. The claims administrator stated that the applicant had not demonstrated any lasting benefit with ongoing opioid usage. The applicant's attorney subsequently appealed. In a progress note dated February 3, 2014, the applicant reported persistent low back and hip pain with associated numbness about the foot. The applicant was reportedly doing well with Duragesic. It was stated that the applicant's ongoing usage of Duragesic was allowing her to remain active, do walking, and do light housework. It was stated that ongoing usage of Duragesic was diminishing the applicant's pain levels. The applicant's pain levels were 6/10 with medications. The applicant was on Lyrica, Duragesic, Naprosyn, Norco, it was stated. The applicant had low back pain complaints and headaches, it was stated, superimposed on issues with anxiety and depression. The applicant exhibited tenderness about the SI joint, lumbar spinous processes, and trochanteric bursa of the hip with painful range of motion testing. The applicant was given a variety of diagnoses, including sciatica, radiculitis, SI joint pain, and leg pain. A variety of medications were refilled. The applicant's work status was not provided. It was again stated that the applicant repeat a triple block comprising of an SI joint injection, piriformis injection, and trochanteric bursa injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) prescription of Naproxen Sodium 550mg # 60, with one (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON STEROIDAL ANTI INFLAMATORY DRUGS (NSAIDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications, Functional Restoration Approach to Chronic Pain Management Page(s): 22,7.

Decision rationale: While the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. This recommendation is made by the MTUS Chronic Pain Medical Treatment Guidelines to the effect that prescribing providers should incorporate some discussion of medication efficacy into the choice of recommendations. In this case, however, the attending provider has not specifically stated or discussed how (or if) Naprosyn has been beneficial or efficacious here. While the attending provider has stated that the applicant's usage of Duragesic has been beneficial, there was no mention of medication efficacy raised insofar as ongoing usage of Naprosyn was concerned. The attending provider has seemingly posited that Duragesic is the sole medication affording the applicant appropriate analgesia. Therefore, the request for for one (1) prescription of Naproxen Sodium 550mg # 60, with one (1) refill is not medically necessary.

Prospective request for one (1) repeat SI joint injection, piriformis injection, trochanteric injection (L3-SI left triple block): 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 & Pelvic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low Back Complaints (ACOEM Practice Guidelines, 3rd Edition), Section Sacroiliac Joint Injections.

Decision rationale: The MTUS does not address the topic of sacroiliac joint injections. As noted in the Third Edition ACOEM Guidelines, however, sacroiliac joint injections are not recommended for the chronic, nonspecific low back pain reportedly present here but, rather, should be reserved for applicants with some rheumatologically proven arthropathy involving the sacroiliac joints, such as, for instance, an human leukocyte antigen (HLA) positive B27 spondyloarthropathy. In this case, however, there is no evidence that the applicant has any specific rheumatoid process or rheumatoid arthropathy involving the sacroiliac joints. It is further noted that the MTUS-adopted ACOEM Guidelines Low Back Complaints chapter note that invasive techniques, including local injections such as the piriformis injection and

trochanteric bursa injection being sought here are of questionable merit. In this case, the fact that the attending provider is pursuing numerous injections in parallel further suggests a lack of diagnostic clarity, further arguing against the need for the proposed injections. Therefore, the request is not medically necessary.

Prospective request for one (1) prescription of Fentanyl 25mcg/hr transdermal patch # 15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while the applicant does not appear to have returned to work, the attending provider is documenting ongoing analgesia and improved ability to perform non-work activities of daily living, including self-care, ambulating, light housework, etc. achieved through ongoing Duragesic usage. The attending provider has pointed out on the progress note in question that usage of Duragesic has been successful, where other medications have not. The applicant is also deriving appropriate ongoing analgesic effect from Duragesic, it has been stated. Therefore, the request for one (1) prescription of Fentanyl 25mcg/hr transdermal patch # 15 is medically necessary, for all of the stated reasons.