

Case Number:	CM14-0064473		
Date Assigned:	07/11/2014	Date of Injury:	09/01/2004
Decision Date:	09/10/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/07/2014

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:

Patient is a 52 year-old female with date of injury 09/01/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/26/2014, lists subjective complaints as pain in the low back with radicular symptoms to the lower extremities bilaterally. Objective findings: Examination of the lumbar spine revealed tenderness to palpation and tightness of the paravertebral muscles, L4-5 and L5-S1 facet joints, greater trochanter, and over the piriformis muscle, inferior to the SI joint. Extension and rotation of the lumbar spine caused exquisite pain on the right side. Straight leg test and Faber's test were negative. Patient has 1 inch pelvic tilt, right side lower than left. Diagnosis: 1. Right lumbar facet pain involving L4-5 and L5-S1 2. Piriformis syndrome secondary to #1 as the cause of her hip and buttock pain. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as 6 months. Medications: 1. Dilaudid 2mg, #90 SIG: 5mg 3 q d2. Valium 5mg, #90 SIG: 2mg 3 q d.

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 Dilaudid 2 mg #90 between 3/26/2014 and 6/3/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Therefore, the request is not medically necessary.

Prospective request for one (1) prescription of Valium 5 mg #90 between 3/26/2014 and 6/3/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 24 Page(s): 24.

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. In addition, the diagnosis of anxiety is not documented in the medical record. Regardless, 4 weeks is the maximum time recommended by the Guides, and the patient has been taking evaluate for many months. Therefore, the request is not medically necessary.

Prospective request for one (1) right piriformis injection between 3/26/2014 and 6/3/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Piriformis injections.

Decision rationale: Recommended for piriformis syndrome after a one-month physical therapy trial. Piriformis syndrome is a common cause of low back pain and accounts for 6-8% of patients presenting with buttock pain, which may variably be associated with sciatica, due to a compression of the sciatic nerve by the piriformis muscle. No consensus exists on overall treatment of piriformis syndrome due to lack of objective clinical trials. There is no documentation in the medical record that the patient has undergone any recent physical therapy focused on the piriformis muscle. Therefore, the request is not medically necessary.

Prospective request for one (1) IM injection of Toradol 60 mg between 3/26/2014 and 3/26/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Injection with anesthetics and/or steroids.

Decision rationale: According to the Official Disability Guidelines, an injection must be given with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. Toradol is short-acting, and therefore does not meet the criteria of a 50% reduction in pain for a sustained period. The request is not medically necessary.